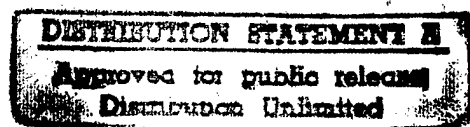
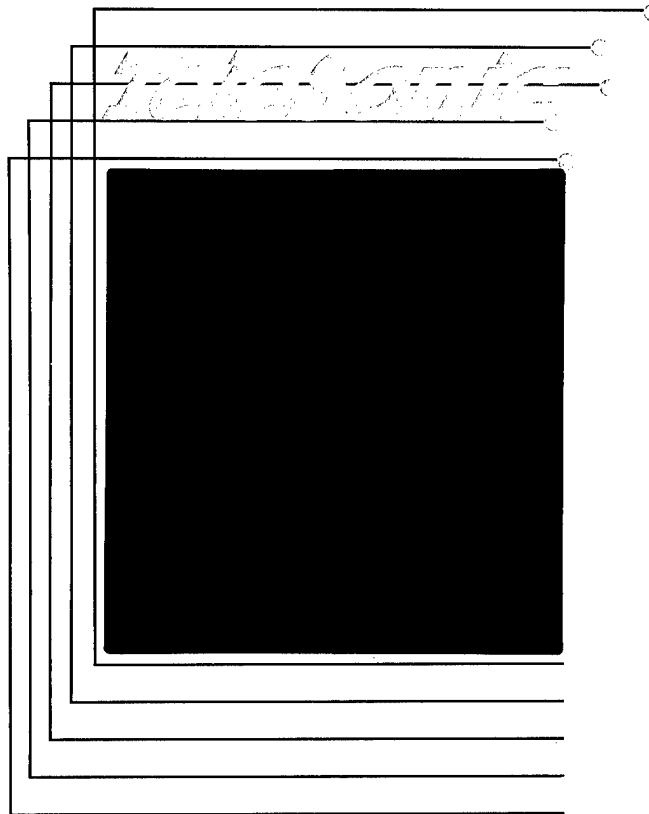


ORIGINAL



19971204 001

Working Through The Communication Barrier

ORIGINAL

TeleSonic

FINAL REPORT:
BREAST CANCER
INFORMATION SYSTEM

VOLUME II
OF II:
APPENDICES

DISTRIBUTION STATEMENT A

Approved for public release
Distribution Unlimited

19971204 001

Breaking Through The Communication Barrier

Breaking Through The Communication Barrier

FINAL REPORT:
BREAST CANCER
INFORMATION SYSTEM

VOLUME II
OF II:
APPENDICES

A Division of
Associated Enterprises, Inc.

31 Old Solomons Island Road, Suite 102
Annapolis, Maryland 21401-3840
Phone 410-841-6920 Fax 410-841-6505
E Mail: info@telesonic.com

GRANT NUMBER DAMD17-94-J-4282

TITLE: Breast Cancer Information System Designed to Foster
Increased Proactive Prevention Activities Among Minority
Populations

PRINCIPAL INVESTIGATOR: Leonard A. Blackshear, Ph.D.

CONTRACTING ORGANIZATION: Associated Enterprises, Inc.
Annapolis, Maryland 21401

REPORT DATE: July 1997

TYPE OF REPORT: Final

PREPARED FOR: Commander
U.S. Army Medical Research and Materiel Command
Fort Detrick, Frederick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for public release;
distribution unlimited

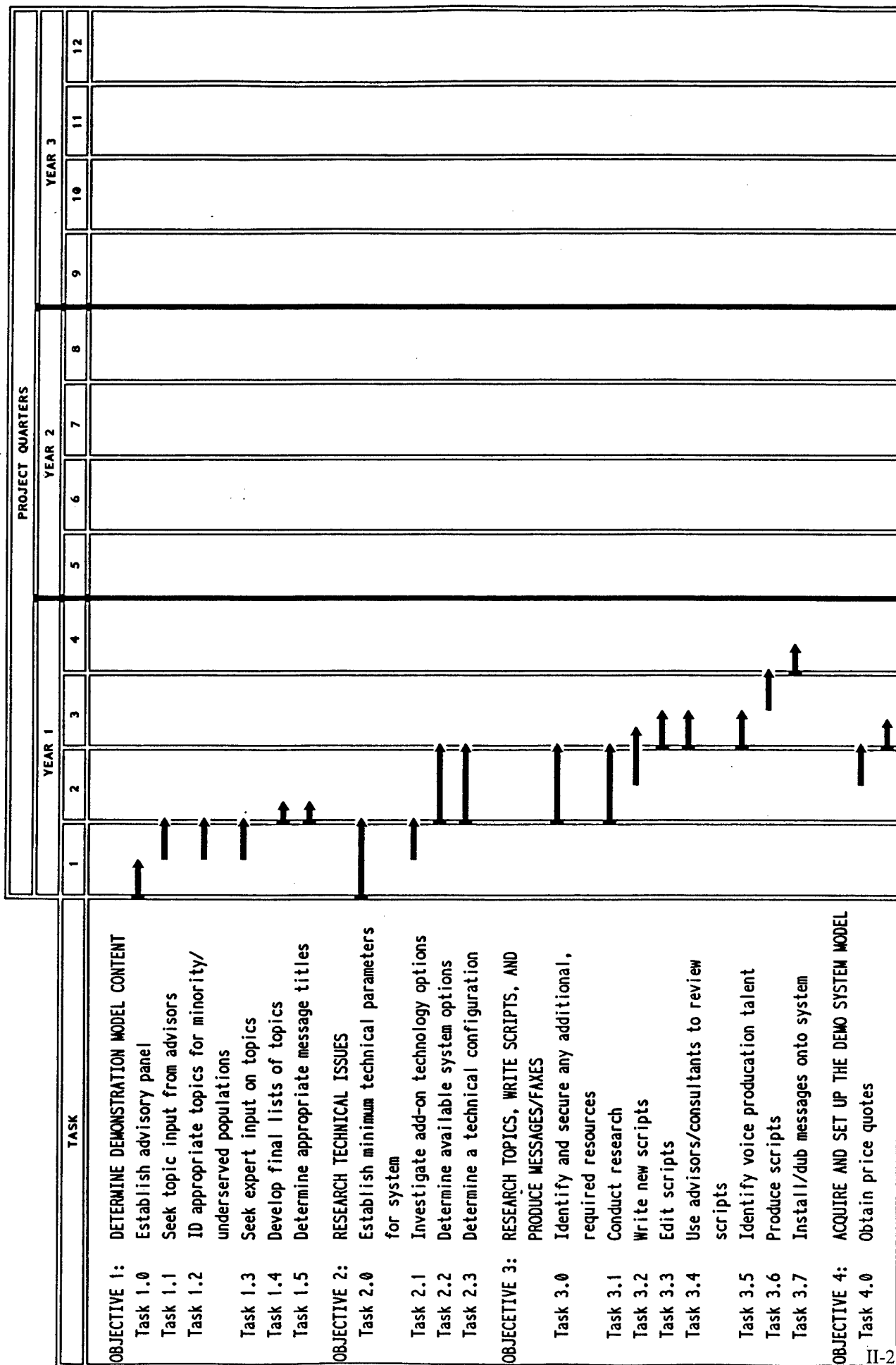
The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

VIII. APPENDICES - VOLUME II

	<u>PAGE</u>
A. Project Work Plan	II-1
B. Sample Direct Mail Postcard - Live Counselor System	II-5
C. Sample Direct Mail Postcard - Automated System	II-7
D. Test One Data Reports	II-9
E. Test Three Data Reports	II-19
F. Test Two Follow-Up Survey Results	II-31
G. Test Four Supermarket Flyers	II-35
H. Test Four Radio Public Service Announcements	II-38
I. Project Advisors and Consultants	II-41
J. Call Flow - Automated System	II-45
K. Call Flow - Live Counselor System	II-52
L. Scripts - Automated Telephone System	II-54
M. Bibliography of Publications and Meeting Abstracts	II-129
N. List of Paid Project Personnel	II-131
O. Research Definitions	II-133

APPENDIX A: PROJECT WORK PLAN

WORK PLAN FOR BREAST CANCER INFORMATION SYSTEM: AN AUTOMATED TELEPHONE SERVICE



WORK PLAN FOR BREAST CANCER INFORMATION SYSTEM: AN AUTOMATED TELEPHONE SERVICE.

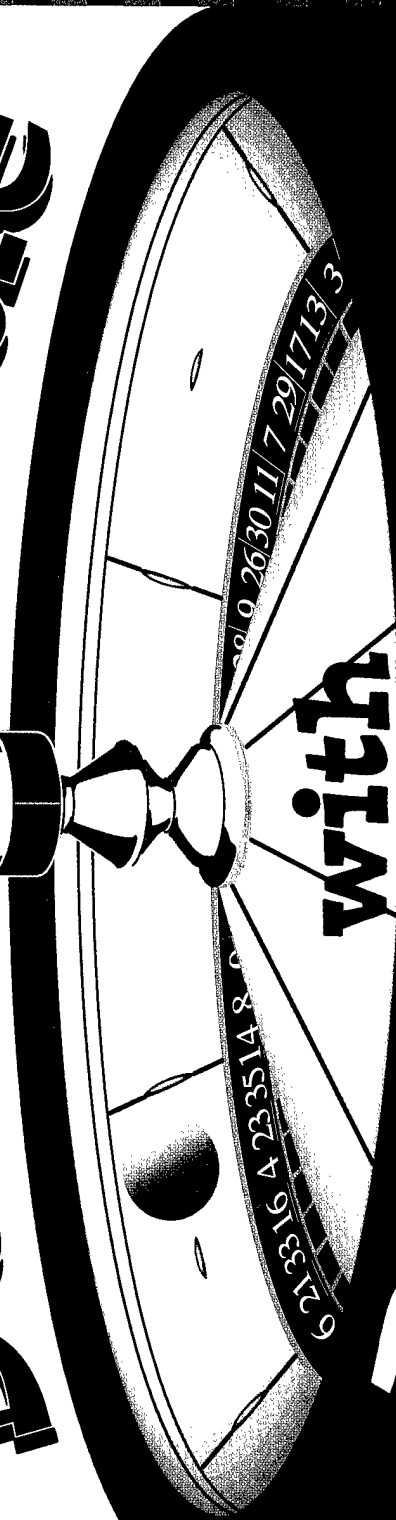
TASK	PROJECT QUARTERS											
	YEAR 1				YEAR 2				YEAR 3			
	1	2	3	4	5	6	7	8	9	10	11	12
Task 4.1												
Task 4.2												
Task 4.3												
Task 4.4												
Task 4.5												
Task 4.6												
Task 4.7												
Task 4.8												
OBJECTIVE 5: ESTABLISH SYSTEM AND DATA RETRIEVAL ROUTINES												
Task 5.0												
Task 5.1												
Task 5.2												
Task 5.3												
OBJECTIVE 6: DEVELOP OUTREACH AND PROMO PLANS												
Task 6.0												
Task 6.1												
Task 6.2												
Task 6.3												
Task 6.4												

WORK PLAN FOR BREAST CANCER INFORMATION SYSTEM: AN AUTOMATED TELEPHONE SERVICE

TASK	PROJECT QUARTERS											
	YEAR 1			YEAR 2			YEAR 3					
	1	2	3	4	5	6	7	8	9	10	11	12
OBJECTIVE 7: CONDUCT CONCURRENT DEMO TESTS												
Task 7.0 Identify specific outcome questions to be answered												
Task 7.1 Determine appropriate measuring tools												
Task 7.2 Conduct demonstrations												
Task 7.3 Evaluate demos												
Task 7.4 Implement appropriate modifications												
Task 7.5 Assess most effective approaches												
OBJECTIVE 8: RESEARCH FUTURE MODES OF SUSTAINING SYSTEM												
Task 8.0 Conduct dialogues with prospective investors/sponsors												
Task 8.1 Identify additional potential investors/sponsors												
Task 8.2 Investigate/evaluate alternative funding methods												
Task 8.3 Obtain evaluations of program												
Task 8.4 Solicit funding ideas from advisors												
OBJECTIVE 9: DOCUMENT AND REPORT ON RESULTS												
Task 9.0 Implement documentation procedures												
Task 9.1 Produce internal quarterly reports												
Task 9.2 Produce annual and final reports												
Task 9.3 Provide ongoing program administrative support												

APPENDIX B: SAMPLE DIRECT MAIL POSTCARD - LIVE COUNSELOR SYSTEM

Don't Gamble



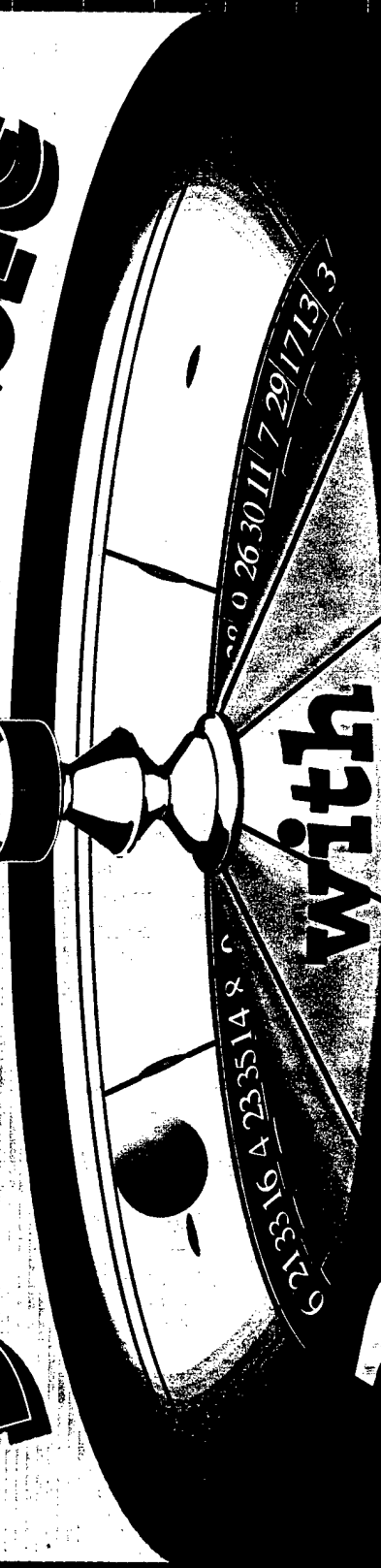
with

Breast Cancer

FREE GIFT AVAILABLE FOR CALLING

APPENDIX C: SAMPLE DIRECT MAIL POSTCARD - AUTOMATED SYSTEM

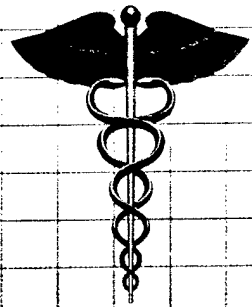
Don't Gamble



with Breast Cancer

FREE GIFT AVAILABLE FOR CALLING

YOU CAN **Lower Your Risk of Breast Cancer**



3 Easy Steps

To Access the Breast Health Information Library

A 24 Hour Information Service on Breast Cancer Prevention, Detection, and Treatment.
You can listen to any message in the library at any time from any Touch-Tone Phone.

Step 1 Call
1-800-521-9078

Step 2 Press 2
to reach the message
library
or
Press 1 or 3 for
assistance.

Step 3 Press
a number (1-15) to
listen to that message.

- 1 What Is Breast Cancer?
- 2 Put Fear Aside-Breast Cancer Is Curable.
- 3 Breast Cancer Myths
- 4 Every Breast Lump Or Pain Is Not Cancer.
- 5 Breast Cancer And African American Woman
- 6 Men, You Can Get Breast Cancer Too
- 7 Are You At Risk For Getting Breast Cancer?
- 8 How To Lower Your Risk For Getting Breast Cancer
- 9 * Breast Examination
- 10 * All About Mammograms
- 11 Where Do I Get More Information About Breast Cancer ?
- 12 How Can Breast Cancer Be Treated?
- 13 There Is A Life After Breast Cancer.
- 14 * Community Bulletin Board
- 15 How Should I Support A Friend Or Relative With Breast Cancer?

* Fax or mailed material available following this message. Example with message #10: "All About Mammograms"-List of Free or Low Cost Mammogram Services will be faxed or mailed to you.

APPENDIX D: TEST ONE DATA REPORTS

Strategy Survey Questions	Responses to the Survey						
	A.A. L/M (G.1)	A.A. M/U (G.2)	A.A. Totals	White L/M (G.4)	White M/U (G.3)	White Totals	Project Totals
1) Age							
Between 20 and 39	4	4	8	4	0	4	12
Between 40 and 59	3	0	3	0	0	0	3
60 or Older	0	0	0	0	0	0	0
2) Where did you hear about this S?							
Postcard	6	4	10	4	0	4	14
Friend or relative	0	0	0	0	0	0	0
Other	1	0	1	0	0	0	1
3) Actions to take							
Breast exam	4	0	4	1	0	1	5
Mammogram	3	3	6	0	0	0	6
Dr. Appointment	2	1	3	1	0	1	4
None of the above	0	0	0	0	0	0	0

Active Callers	32	27	59	21	16	37	96
Willing to take the Survey	9	4	13	4	0	4	17
% of Active callers	28%	15%	22%	19%	0%	11%	18%
Callers completing the survey	9	4	13	2	0	2	15
As a % of Callers willing to take it	100%	100%	100%	50%	####	50%	88%
Willing to Leave N. & A. for F-Up	7	3	10	4	0	4	14

Strategy		A.A. L/M (G. 1)			A.A. M/U (G. 2)			A.A. Totals			White L/M (G. 4)			White M/U (G. 3)			White Totals			Project Totals					
Messages: Frequency of Access		Message Accessed	Hard Copy Request	Mail	Fax	Message Accessed	Hard Copy Request	Mail	Fax	Message Accessed	Hard Copy Request	Mail	Fax	Message Accessed	Hard Copy Request	Mail	Fax	Message Accessed	Hard Copy Request	Mail	Fax				
		7				3				10				4				8			18				
		3				3				6				2				5			11				
		3				3				6				1				3			9				
		7				5				12				2				6			18				
		8				10				18				0				2			20				
		2				2				4				0				2			6				
		4				3				7				4				7			14				
		0				2				2				1				1			3				
		1				0				1				2				3			4				
		2				1				3				4				5			8				
		4				1				5				2				6			11				
		2				1				3				0				1			4				
		0				0				0				0				1			1				
		1	0	0	0	2	0	0	0	3	0	0	0	1	0	0	1	1	0	3	1	0	6		
		10				10				20				2					3			23			
2				5				7				2					2			9					
6	3	3	0	6	3	1	2	12	6	4	2	0	0	0	0	0	0	0	12	6	4	2			
3				1				4				0					0			4					
0				2				2				0					3			5					
0				0				0				0					1			1					
0				1				1				0					1			2					
1	0	0	0	1	1	1	0	2	1	1	0	0	0	0	0	0	0	0	0	2	1	0			
2				2				4				2					3			7					
Total Messages Accessed		68	3	3	0	66	4	2	2	134	7	5	2	25	0	0	0	70	1	1	0	204	8	6	2

Strategy	A.A. L/M (G. 1)			A.A. M/U (G.2)			A.A. Totals			White L/M (G.4)			White M/U (G.3)			White Totals			Project Totals								
Messages: Frequency of Access	Message Accessed			Hard Copy Request			Fax			Message Accessed			Hard Copy Request			Fax			Message Accessed			Hard Copy Request			Fax		
	8	3	3	0	9	4	2	2	17	7	5	2	1	0	0	2	1	1	0	20	8	6	2				
Total Mess. w/Hard Copy																											
Callers Requesting Hard Copy																											
	% of the calls accessing Main Menu																										
	Distribution %			8%	8%	0%	15%	7%	7%	11%	8%	3%	0%	0%	0%	6%	6%	0%	2%	2%	0%	8%	6%	2%			
				100%	100%	0%	100%	50%	50%	###	71%	29%	#####	#####	#####	100%	100%	0%	###	###	0%	###	75%	25%			
Average # of Messages/Caller																											
Callers that Accessed the Main menu	37			27			64			24			17			41			105								
Average # of Messages Accessed	1.8			2.4			2.1			1			2.6			1.7			1.9								

Strategy	Automated System										Live Call taker System										Project Totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	#	%	#	%	#	%	#	%	#	%	%A	#	%	#	%	#	%	%A	#	%	#	%	#	%	#	%	#	%	%A	#	%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
	Total by Strategy			Dial 1 Callers (Main Menu)			Active Callers (1)			Hangups at Welcome			Callers utilizing the Operator			before using the system			Callers Utilizing the Dial-out Option			to request transfer to counselor			Callers Utilizing Directory by Category			Total by Strategy			Dial 1 Callers			Active Callers (2)			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers			Active Callers			Hangups at Welcome			Callers Utilizing the Dial-out Option			to request transfer to counselor			Total Incoming Calls			Dial 1 Callers		

11-13

L/M Lower/Medium Income
M/U Medium/Upper Income

% % of All Calls

%A Percent of Active Calls

(1) Callers that made a selection after Main menu
(2) Dial 1 callers and Rotary callers that stay on the line

Strategy	Automated System										Live Call taker System										Project Totals										
	#	%	#	%	#	%	#	%	#	%A	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%A			
	Total by Strategy		Dial 1 Callers (Main Menu)	Active Callers (1)	Hangups at Welcome	Callers utilizing the Operator	before using the system	Callers Utilizing the Dial-out Option	%A	Callers Utilizing Directory by Category	Total by Strategy		Dial 1 Callers	Active Callers (2)	Hangups at Welcome	Callers Utilizing the Dial-out Option	%A	Total Incoming Calls		Dial 1 Callers	Active Callers	Hangups at Welcome	Callers Utilizing the Dial-out Option	%	Callers Utilizing the Dial-out Option	%	% to request transfer to counselor				
White L/M (G.4&8)	117	24	21%	21	18%	83	71%	5	4%	0	0%	2	10%	64	14	22%	19	30%	41	64%	3	16%	181	38	21%	40	22%	124	69%	3	8%
Length of Call	1.24	5.27		5.90								0.42	1.19		1.12								0.95	3.76		3.63					
White M/U (G.3&7)	89	17	19%	16	18%	60	67%	2	2%	0	0%	1	6%	52	8	15%	8	15%	34	65%	2	25%	141	25	18%	24	17%	94	67%	2	8%
Length of Call	1.95	9.38		9.93								0.36	0.90		0.90								1.36	6.67		6.92					
Sub-total White	206	41	20%	37	18%	143	69%	7	3%	0	0%	3	8%	116	22	19%	27	23%	75	65%	5	19%	322	63	20%	64	20%	218	68%	5	8%
Length of Call	1.55	6.97		7.64								0.39	1.08		1.05								1.13	4.92		4.86					

II-14

L/M Lower/Medium Income
M/U Medium/Upper Income
% % of All Calls
%A Percent of Active Calls

(1) Callers that made a selection after Main menu
(2) Dial 1 callers and Rotary callers that stay on the line

Strategy	Automated System										Live Call taker System										Project Totals										
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%			
Total by Strategy	406	105	26%	96	24%	260	64%	16	4%	0	0%	7	7%	244	66	27%	88	36%	130	53%	25	28%	650	171	26%	184	28%	390	60%	25	14%
Dial 1 Callers (Main Menu)	5.58	21.00		22.88										0.56	1.32		1.49						3.70	13.40							
Active Callers (1)																															
Hangups at Welcome																															
Callers utilizing the Operator																															
% before using the system																															
Callers Utilizing the Dial-out Option																															
% to request transfer to counselor																															
Callers Utilizing Directory by Category																															
Total by Strategy	231	61	26%	53	23%	148	64%	9	4%	0	0%	5	9%	145	44	30%	61	42%	75	52%	13	21%	376	105	28%	114	30%	223	59%	13	11%
Dial 1 Callers	1.88	6.563		7.42									0.61	1.38		1.25							1.394	4.39							
Active Callers (2)																															
Hangups at Welcome																															
Callers Utilizing the Dial-out Option																															
% to request transfer to counselor																															
Sub-Totals M/U	175	44	25%	43	25%	112	64%	7	4%	0	0%	2	5%	99	22	22%	27	27%	55	56%	12	44%	274	66	24%	70	26%	167	61%	12	17%
Length of Call	10.46	41.00		41.94									0.49	1.19		1.18							6.86	27.73							
Totals																															
Length of Call																															

II-15

L/M Lower/Medium Income
M/U Medium/Upper Income
% % of All Calls
%A Percent of Active Calls

(1) Callers that made a selection after Main menu
(2) Dial 1 callers and Rotary callers that stay on the line

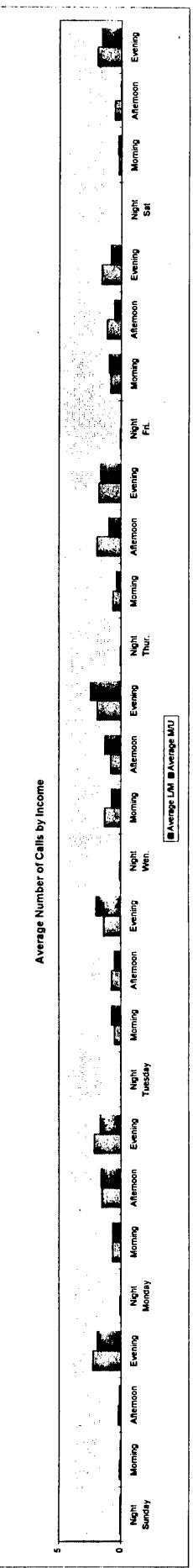
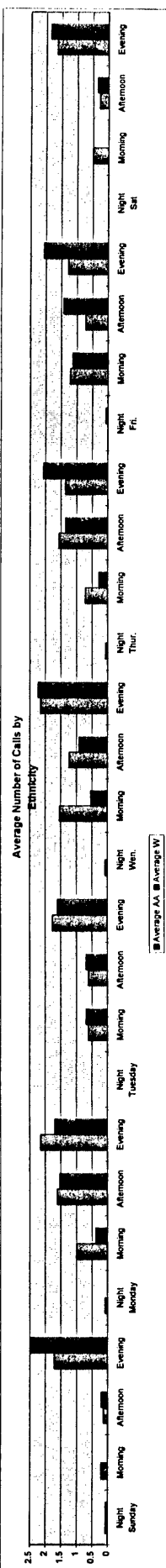
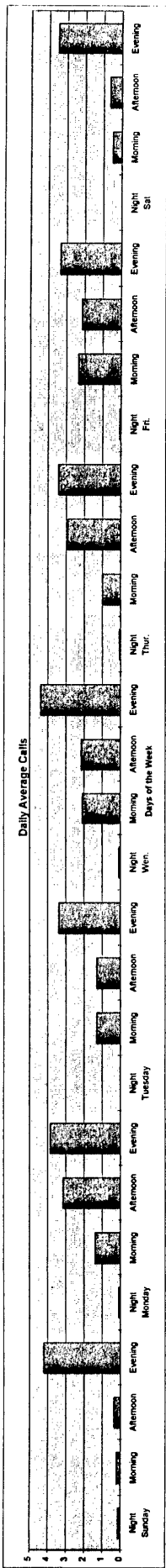
Strategy	Profile From main menu							Profile After Messages							Total profiles													
	A.A. L/M (G. 1)	A.A. M/U (G. 2)	A.A. Totals	AA % (P1)	White L/M (G.4)	White M/U (G.3)	White Totals	W%(P1)	Profile from MM Tot	A.A. L/M (G. 1)	A.A. M/U (G. 2)	A.A. Totals	AA%(P2)	White L/M (G.4)	White M/U (G.3)	White Totals	W%(P2)	Prof. 2 Totals	A.A. L/M (G. 1)	A.A. M/U (G. 2)	A.A. Totals	A.A. Tot. %	White L/M (G.4)	White M/U (G.3)	White Totals	White Tot. %	Profile Totals	
Responses to the Profile	1.1) Females	6	6	12	75%	3	1	4	25%	16	4	1	5	63%	3	0	3	38%	8	10	7	17	71%	6	1	7	29%	24
	1.2) No Female	0	0	0	0%	1	0	1	100%	1	1	0	1	50%	1	0	1	50%	2	1	0	1	33%	2	0	2	67%	3
	2.1) Family History of Cancer	1	3	4	100%	0	0	0	0%	4	1	0	1	100%	0	0	0	0%	1	2	3	5	100%	0	0	0	0%	5
	2.2) No Family History of Cancer	5	3	8	62%	4	1	5	38%	13	4	1	5	56%	4	0	4	44%	9	9	4	13	59%	8	1	9	41%	22
3.1) Breast Exam	3	4	7	88%	0	1	1	13%	8	3	0	3	100%	1	0	0	0%	3	6	4	10	83%	1	1	2	17%	12	
3.2) No breast exam	3	2	5	56%	4	0	4	44%	9	2	1	3	50%	3	0	3	50%	6	5	3	8	53%	7	0	7	47%	15	
4.1) Had or have cancer	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	1	0	1	100%	0	0	0	0%	1	1	0	1	100%	0	0	0	0%	1	
4.2) Do not have or had cancer	6	6	12	71%	4	1	5	29%	17	4	1	5	56%	4	0	4	44%	9	10	7	17	65%	8	1	9	35%	26	

Active Callers	32	27	59	61%	21	16	37	39%	96	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	32	27	59	61%	21	16	37	39%	96
Profiles Selected	6	7	13	68%	5	1	6	32%	19									6	7	13	68%	5	1	6	32%	19	
As a % of Active callers	19%	26%	22%		24%	6%	16%		20%									19%	26%	22%		24%	625%	16%		20%	
Profiles Completed	6	6	12	71%	4	1	5	29%	17	1	1	2	33%	4	0	4	67%	6	7	7	14	61%	8	1	9	39%	23
As a % of Callers selecting profile	100%	86%	92%		80%	100%	83%		89%																		

II-16

Comments:

Rev. 1/24/96: 2:01 PM



Night from 12:00 am to 6:00 am
Morning from 6:00 am to 12:00 pm
Afternoon from 12:00 pm to 5:00 pm
Evening from 5:00 pm to 12:00 am

	Sunday		Monday		Tuesday		Wen.		Thur.		Fri.		Sat		Totals															
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Night	Morning	Night																
AAA LM G1 Auto	0	2	1	12	0	4	11	13	0	3	2	5	1	7	5	10	1	2	7	4	0	3	2	6	0	2	1	10	114	
AAA MU G2 Auto	0	1	0	7	0	5	3	6	0	1	1	10	0	1	6	14	0	1	4	6	0	1	4	8	0	1	1	5	86	
W MU G4 Auto	0	0	2	14	0	2	14	11	0	2	6	6	0	4	3	5	0	2	6	11	0	6	3	13	0	0	0	7	117	
W LM G3 Auto	0	0	1	12	0	2	3	3	0	2	0	5	0	2	3	6	0	1	10	10	1	0	4	12	0	0	0	12	89	
AAA LM G5 Live	0	0	1	3	1	3	5	8	0	0	5	4	0	7	2	2	0	6	10	6	0	6	3	3	0	1	2	3	81	
AAA MU G6 Live	1	0	0	2	0	1	2	1	0	4	0	4	0	5	3	2	0	1	1	3	0	7	1	1	1	0	3	0	5	47
W MU G8 Live	0	0	0	4	0	1	2	4	0	3	0	6	0	0	5	11	0	1	3	3	0	7	6	3	0	0	0	5	64	
W LM G7 Live	1	0	0	5	0	0	1	4	0	2	3	4	0	1	1	7	0	0	0	5	0	3	7	1	0	0	5	2	52	

	Sunday		Monday		Tuesday		Wen.		Thur.		Fri.		Sat		Total														
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning															
Totals	2	3	5	59	1	18	41	50	0	17	17	44	1	27	28	57	1	14	41	48	1	33	30	47	0	7	9	49	650

	Sunday		Monday		Tuesday		Wen.		Thur.		Fri.		Sat		Total														
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning															
Totals AA	1	3	2	24	1	13	21	28	0	8	8	23	1	20	16	28	1	10	22	19	0	17	10	18	0	7	4	23	328
Totals W	1	0	3	35	0	5	20	22	0	9	9	21	0	7	12	29	0	4	19	29	1	16	20	29	0	0	5	26	322

	Sunday		Monday		Tuesday		Wen.		Thur.		Fri		Sat		Total														
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night																
Totals Auto	0	3	4	45	0	13	31	33	0	8	9	26	1	14	17	35	1	6	27	31	1	10	13	39	0	3	2	34	406
Totals Live	2	0	1	14	1	5	10	17	0	9	8	18	0	13	11	22	0	8	14	17	0	23	17	8	0	4	7	15	244

	Sunday			Monday			Tuesday			Wen.			Thur.			Fri.			Sat			Total							
	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening	Night	Morning	Afternoon Evening								
Totals LU	1	2	3	32	1	9	20	28	0	7	10	18	1	17	11	25	1	9	27	25	1	12	16	22	0	3	8	27	336
Totals MU	1	1	2	27	0	9	21	22	0	10	7	26	0	10	17	32	0	5	14	23	0	21	14	25	0	4	1	22	314

APPENDIX E: TEST THREE DATA REPORTS

Strategy Survey Questions	Responses to the Survey						
	A.A. L/M (G. 1)	A.A. M/U (G.2)	A.A. Totals	White L/M (G.3)	White M/U (G.4)	White Totals	Project Totals
1) Age							
Between 20 and 39	4	1	5	1	0	1	6
Between 40 and 59	0	1	1	0	3	3	4
60 or Older	0	0	0	0	0	0	0
2) Where did you hear about this S?							
Postcard	4	1	5	1	3	4	9
Friend or relative	0	0	0	0	0	0	0
Other	0	1	1	0	0	0	1
3) Actions to take							
Breast exam	1	1	2	1	1	2	4
Mammogram	1	0	1	0	1	1	2
Dr. Appointment	0	0	0	0	1	1	1
None of the above	0	0	0	0	0	0	0

Active Callers	18	15	33	12	16	28	61
Willing to take the Survey	4	2	6	1	3	4	10
% of Active callers	22%	13%	18%	8%	19%	14%	16%
Callers completing the survey	2	1	3	1	3	4	7
As a % of Callers willing to take it	50%	50%	50%	100%	100%	100%	70%
Willing to Leave N. & A. for F-Up	4	2	6	1	3	4	10

Comments: _____

Rev. 12/10/96 11:06 AM

Strategy	A.A. LM (G. 1)			A.A. MU (G. 2)			A.A. Totals			White LM (G. 3)			White M/U (G. 4)			White Totals			Project Totals		
	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax	Message Accessed	Hard Copy Request	Fax
1) What is Breast Cancer?	6			4			10			3			3			6			16		
2) Is Breast Cancer Curable?	0			5			5			0			1			1			6		
3) Breast Cancer Myths	1			2			3			3			1			4			7		
4) Every breast lump or pain	2			5			7			2			1			3			10		
5) Breast Cancer and A.A.	7			5			12			2			1			3			15		
6) Men, you can get B.C.	4			0			4			1			0			1			5		
7) Are you at risk for getting B.C.	2			4			6			1			3			3			9		
7.1) Risk Factors	0			0			0			0			0			0			0		
7.2) The pill	0			1			1			0			0			0			1		
7.3) Life style	0			1			1			0			1			1			2		
8) Lower your risk for getting B.C.	0			4			4			4			5			5			9		
8.1) Role of Diet	0			2			2			1			1			2			4		
8.2) Role of Exercise	0			2			2			0			0			0			2		
9) Breast Examination	3	2	0	2	0	0	5	2	2	0	0	0	3	1	1	3	1	0	8	3	0
10) All about mammograms	3			3			6			2			5			7			13		
10.1) When to get a M.?	1			1			2			1			1			2			4		
10.2) Where to get a M.?	1	1	0	1	1	0	2	2	2	0	1	1	2	1	0	3	2	0	5	4	0
11) Where to get more info.?	1			1			2			0			1			1			3		
12) How can it be treated?	1			1			2			0			1			1			3		
12.1) Surgery	0			1			1			0			0			0			1		
12.2) Treatments	0			1			1			0			1			1			2		
12.3) Research	0			1			1			0			1			1			2		
13) Life after B.C.	2			0			2			0			1			1			3		
14) Community Bulletin Board	1	0	0	0	0	0	1	0	0	0	0	0	2	0	0	2	0	0	3	0	0
15) How to support a friend	1			3			4			2			3			5			9		
Total Messages Accessed	36	3	3	50	1	1	86	4	4	23	1	1	33	2	2	56	3	3	142	7	0

	L/M	Lower/Medium Income
	M/U	Medium/Upper Income
	%	% of All Calls
	%A	Percent of Active Calls

Strategy	Automated System										Live Call taker System					Project Totals							
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%			
Total by Strategy	Dial 1 Callers (Main Menu)		Active Callers (1)		Hangups at Welcome		Callers utilizing the Operator		Callers before using the system		Callers Utilizing Directory by Category		Total by Strategy		Dial 1 Callers		Active Callers (2)		Hangups at Welcome		Callers Utilizing the Dial-out Option		%A
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	%A
White L/M (G.3&7)	34	13	38%	12	35%	15	44%	0	0%	0	0%	0	0%	83	6	7%	21	25%	55	66%	9	43%	
	Length of Call	2.32	5.39	5.82									0.35	1.00		0.91							
White M/U (G.4&8)	76	17	22%	16	21%	36	47%	0	0%	0	0%	0	0%	59	3	5%	14	24%	36	61%	8	57%	
	Length of Call	2.03	7.32	7.74									0.39	1.20		1.13							
Sub-total White	110	30	27%	28	25%	51	46%	0	0%	0	0%	0	0%	142	9	6%	35	25%	91	64%	17	49%	
	Length of Call	2.12	6.48	6.92									0.37	1.07		1.00							
Sub-total	252	39	15%	63	25%	142	56%	17	49%	252	39	15%	63	25%	142	56%	17	49%	252	39	15%	63	25%
	Length of Call	1.13	5.23	3.63									1.13	5.23		3.63							

White L/M (G.3&7)	34	13	38%	12	35%	15	44%	0	0%	0	0%	0	0%	83	6	7%	21	25%	55	66%	9	43%	
Length of Call	2.32	5.39	5.82										0.35	1.00		0.91							
White M/U (G.4&8)	76	17	22%	16	21%	36	47%	0	0%	0	0%	0	0%	59	3	5%	14	24%	36	61%	8	57%	
Length of Call	2.03	7.32	7.74										0.39	1.20		1.13							

Sub-total White	110	30	27%	28	25%	51	46%	0	0%	0	0%	0	0%	142	9	6%	35	25%	91	64%	17	49%	
Length of Call	2.12	6.48	6.92										0.37	1.07		1.00							

Strategy	Automated System										Live Call taker System										Project Totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	Total by Strategy		Dial 1 Callers (Main Menu)		Active Callers (1)		Hangups at Welcome		Callers utilizing the Operator		before using the system		#		Callers Utilizing the Dial-out Option		Y%		#		Callers Utilizing Directory by Category		#		Y%		#		Total Incoming Calls		#		Dial 1 Callers		#		Active Callers		#		Hangups at Welcome		#		Callers Utilizing the Dial-out Option		#		Y%		to request transfer to counselor																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
	209	65	31%	61	28%	89	43%	2	1%	0	0%	1	2%	227	17	7%	74	33%	130	57%	34	46%	436	82	19%	135	31%	219	50%	34	25%																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

Strategy	Profile From main menu						Profile After Messages						Total profiles					
	A.A. L/M (G. 1)	A.A. M/U (G. 2)	A.A. Totals	A.A. % (P1)	White L/M (G. 3)	White M/U (G. 4)	White Totals	W%(P1)	Profile from MM Tot.	A.A. L/M (G. 1)	A.A. M/U (G. 2)	A.A. Totals	AA%(P2)	White L/M (G. 3)	White M/U (G. 4)	White Totals	W%(P2)	Prof. 2 Totals
Responses to the Profile																		
1.1) Females	4	4	8	73%	0	3	3	27%	11	3	1	4	67%	1	1	2	33%	6
1.2) No Female	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0
2.1) Family History of Cancer	0	0	0	0%	0	1	1	100%	1	0	0	0	0%	0	1	1	100%	1
2.2) No Family History of Cancer	4	4	8	80%	0	2	2	20%	10	3	1	4	80%	1	0	1	20%	5
3.1) Breast Exam	3	1	4	67%	0	2	2	33%	6	1	1	2	100%	1	0	0	0%	2
3.2) No breast exam	1	3	4	80%	0	1	1	20%	5	2	0	2	67%	0	1	1	33%	3
4.1) Had or have cancer	0	2	2	67%	0	1	1	33%	3	0	0	0	0%	1	0	1	100%	1
4.2) Do not have or had cancer	4	2	6	75%	0	2	2	25%	8	3	1	4	80%	0	1	1	20%	5
Active Callers	18	15	33	54%	12	16	28	46%	61	0	0	0	#DIV/0!	0	0	0	#DIV/0!	0
Profiles Selected	5	4	9	75%	0	3	3	25%	12	5	4	9	75%	0	3	3	25%	5
As a % of Active callers	28%	27%	27%		0%	19%	11%		20%	28%	27%	27%		0%	###	11%		
Profiles Completed	4	4	8	73%	0	3	3	27%	11	1	1	2	50%	1	1	2	50%	4
As a % of Callers selecting profile	80%	100%	89%		###	100%	100%		92%									

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Totals
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	
AA, LM G1 Auto	0	0	0	1	4	5	0	2	4	5	1	1	7	2	62
AA, MU G2 Auto	0	0	0	0	1	1	0	4	9	0	0	0	5	2	37
W, MU G4 Auto	1	2	0	1	3	1	2	8	10	7	0	1	10	3	76
W, LM G3 Auto	0	0	0	0	1	0	0	6	4	0	0	1	6	2	34
AA, LM G5 Live	0	0	0	0	1	5	0	3	11	1	0	12	7	2	56
AA, MU G6 Live	0	0	0	0	2	0	1	4	3	0	0	6	4	2	29
W, MU G8 Live	0	0	0	0	0	6	3	2	3	2	1	15	6	5	59
W, LM G7 Live	0	0	0	1	2	0	24	1	4	17	2	0	10	9	83

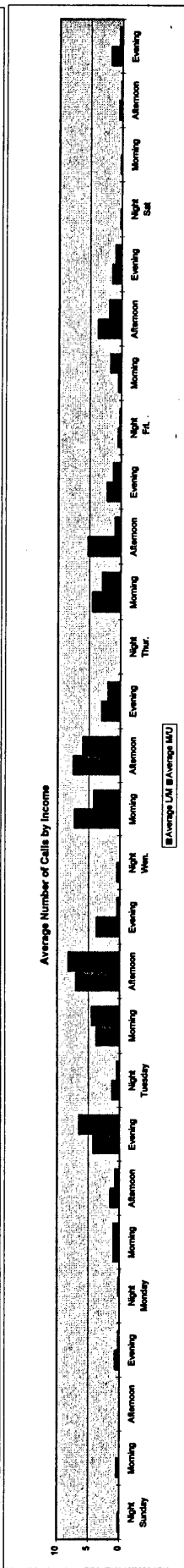
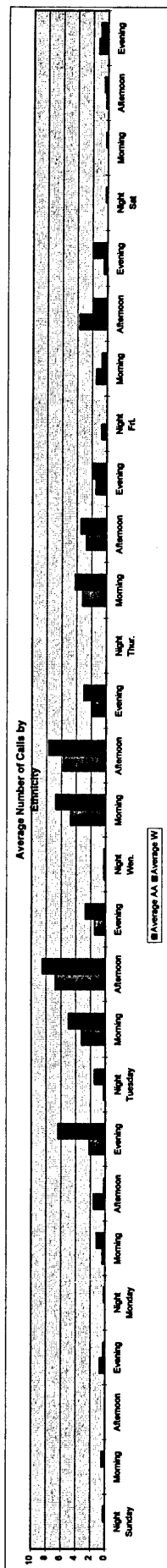
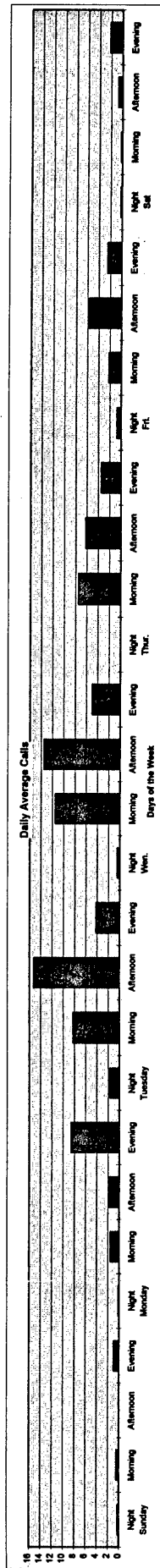
	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	
Totals	1	2	0	4	1	8	9	43	7	33	61	17	2	46	436

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	
Totals AA	0	0	0	3	0	2	8	11	1	13	27	6	1	19	184
Totals W	1	2	0	1	1	6	1	32	6	20	34	11	1	27	252

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	
Totals Auto	1	2	0	3	0	6	6	8	2	20	27	12	1	3	209
Totals Live	0	0	0	1	1	2	3	35	5	13	34	5	1	43	227

	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Total
	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	Night	Morning	
Totals LAJ	0	0	0	2	1	4	5	35	1	15	36	8	1	24	235
Totals MAJ	1	2	0	2	0	4	4	8	6	18	25	9	1	22	201

[illegible]



Night: from 12:00 am to 6:00 am
Morning: from 6:00 am to 12:00pm
Afternoon: from 12:00pm to 5:00pm
Evening: from 5:00pm to 12:00am

APPENDIX F: TEST TWO FOLLOW-UP SURVEY RESULTS

BREAST HEALTH INFORMATION PROGRAM -- TEST 2 FOLLOW-UP SURVEY RESULTS

Number of Follow-up Surveys Completed

A total of 18 women completed a consent form to be contacted for a follow-up survey. Of these 18 women, 14 were successfully surveyed: 2 from the computer group and 12 from the telephone group. Of the remaining 4 people, one had a disconnected telephone number, and the other three had continuous no answers over a period of two weeks where they were called on various days of the week and at various times during the day and evening.

Summary of Survey Results

1. Factors influencing women to check their health.

About half of the women said that when they were feeling healthy, they were not concerned with health issues. When they were feeling bad, however, they would go to their doctor.

About half of the women said that they went to their doctor for regular check-ups.

2. Does a person active in the community, friend, or relative influence women to take action for their health?

All women surveyed, with the exception of one, stated that they had a friend, relative, or community person that they talked about health issues with and that spurred them to take action.

3. Opinions on low turnout rate at receptions.

Each reception was announced via flyers handed out at each door in the housing communities, approximately five days before the reception. The flyers announced a free reception in the community meeting room, with the chance to win a contest for attending.

Several reasons were cited for the low turnout rates at the receptions, including:

- Busy/didn't have time (3)
- People don't care about health issues (6)
- People work in evenings (2)
- A lot of elderly people, who have trouble getting out (2)
- People may not have received information; people take stuff off doors in these neighborhoods (1)
- Feel their health is okay/don't need meeting (2)
- Don't like meetings (1)

4. Ways to improve the turnout rate.

Several suggestions were cited as to how to improve the turnout rate, including:

- Use door-to-door method of personal invitation (like community leader, Mrs. Mack) (4)
- Use more personal contact (3)
- Continue current methods (2)
- Choose an alternate schedule to accommodate working people (2)
- Include childcare for kids in invitation (1)
- People busy; doesn't make a difference (1)
- Nothing will make a difference (3)

5. Use of the Automated Telephone System

Generally, people did not call the automated telephone system. Most people said they were too busy (6), or that they didn't need it/weren't interested (3).

Called: 2

Did not call: 10

Of those who called:

Found system easy: 2

Found system difficult: 0

Listened to a message: 2

Did not listen to a message: 0

Perceptions of the automated telephone system:

- Listened to African American message; thought it was good
- Got a lot of information; excellent; really enjoyed using it

6. Use of the Computer System

Of the two persons from the computer group who were contacted for the follow-up survey, neither used the computer system.

When asked why not, one person said she was scared of the computer; the other did not answer the question.

7. Health actions taken before using automated telephone system

Monthly self breast exam: 7

Mammogram: 3

Breast exam by a doctor: 5

Other: 5; as follows:

- No, and probably won't (1)
- No, although I should (1)
- Shower card (2)
- Shower card and check breasts in shower (1)

8. New actions as a result of receiving this information

Of the 12 women who responded to this question, 11 said they would not take any new action as a result of receiving this information. However, the reasons they cited indicated that many women were already taking positive steps towards their breast health, as follows:

- Will continue to see doctor regularly (2)
- Don't want to go looking for trouble; feel good right now
- Will continue to see doctor regularly and use shower card
- Do not have health insurance
- Will continue breast self-exam
- Will continue with regular check-ups and will start mammograms when she turns 40
- Didn't really get to the information (2)

APPENDIX G: TEST FOUR SUPERMARKET FLYERS

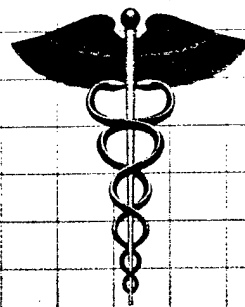
Don't Gamble



with

Breast Cancer

FREE GIFT AVAILABLE FOR CALLING



YOU CAN LOWER Your Risk of Breast Cancer

3 Easy Steps

To Access the Breast Health Information Library

A 24 Hour Information Service on Breast Cancer Prevention, Detection, and Treatment.
You can listen to any message in the library at any time from any Touch-Tone Phone.

Step 1 Call
1-800-521-9078

Step 2 Press 2
to reach the message
library
or
Press 1 or 3 for
assistance.

Step 3 Press
a number (1-15) to
listen to that message.

- 1 What Is Breast Cancer?
- 2 Put Fear Aside-Breast Cancer Is Curable.
- 3 Breast Cancer Myths
- 4 Every Breast Lump Or Pain Is Not Cancer.
- 5 Breast Cancer And African American Woman
- 6 Men, You Can Get Breast Cancer Too
- 7 Are You At Risk For Getting Breast Cancer?
- 8 How To Lower Your Risk For Getting Breast Cancer
- 9 * Breast Examination
- 10 * All About Mammograms
- 11 Where Do I Get More Information About Breast Cancer ?
- 12 How Can Breast Cancer Be Treated?
- 13 There Is A Life After Breast Cancer.
- 14 * Community Bulletin Board
- 15 How Should I Support A Friend Or Relative With Breast Cancer?

* Fax or mailed material available following this message. Example with message #10: "All About Mammograms"-List of Free or Low Cost Mammogram Services will be faxed or mailed to you.

Don't Gamble

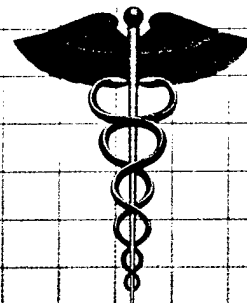


With

Breast Cancer

OR WE ALL LOSE

FREE GIFT AVAILABLE FOR CALLING



YOU CAN **Lower** Your Risk of **Breast Cancer**

3 Easy Steps

To Access the Breast Health Information Library

A 24 Hour Information Service on Breast Cancer Prevention, Detection, and Treatment.
You can listen to any message in the library at any time from any Touch-Tone Phone.

Step 1 Call
1-800-521-9078

Step 2 Press 2
to reach the message
library
or
Press 1 or 3 for
assistance.

Step 3 Press
a number (1-15) to
listen to that message.

- 1 *What Is Breast Cancer?*
- 2 *Put Fear Aside-Breast Cancer Is Curable.*
- 3 *Breast Cancer Myths*
- 4 *Every Breast Lump Or Pain Is Not Cancer.*
- 5 *Breast Cancer And African American Woman*
- 6 *Men, You Can Get Breast Cancer Too*
- 7 *Are You At Risk For Getting Breast Cancer?*
- 8 *How To Lower Your Risk For Getting Breast Cancer*
- 9 ** Breast Examination*
- 10 ** All About Mammograms*
- 11 *Where Do I Get More Information About Breast Cancer ?*
- 12 *How Can Breast Cancer Be Treated?*
- 13 *There Is A Life After Breast Cancer.*
- 14 ** Community Bulletin Board*
- 15 *How Should I Support A Friend Or Relative With Breast Cancer?*

* Fax or mailed material available following this message. Example with message #10: "All About Mammograms" - List of Free or Low Cost Mammogram Services will be faxed or mailed to you.

APPENDIX H: TEST FOUR RADIO PUBLIC SERVICE ANNOUNCEMENTS

GENERIC RADIO SCRIPT (UNTREATED MESSAGE)

RADIO SCRIPT NUMBER: 1

DRAFT: FEBRUARY 11, 1997

EST. RECORD TIME: :29

1,3,5

FINAL RECORD TIME:

PAGE ONE OF ONE

ARMY HEALTH

VERSION: FINAL

AIR DATES: WEEKS

**ATTENTION WOMEN: DID YOU KNOW THAT THERE ARE THREE SIMPLE
STEPS THAT CAN SAVE YOUR LIFE?**

**HAVING REGULAR MAMMOGRAMS, PRACTICING BREAST SELF-
EXAMINATION, AND SEEING YOUR DOCTOR FOR REGULAR EXAMS ARE
CRUCIAL STEPS TO THE EARLY DIAGNOSIS OF BREAST CANCER.**

**TO LEARN MORE, CALL THE BREAST HEALTH INFORMATION LINE AT 1-800-
521-9024. THAT'S 1-800-521-9024.**

ALL INFORMATION IS FREE, PRIVATE, AND CONFIDENTIAL.

CALL TODAY.

CULTURALLY SENSITIVE RADIO SCRIPT (TREATED MESSAGE)

RADIO SCRIPT NUMBER: 2
DRAFT: FEBRUARY 11, 1997
EST. RECORD TIME: :34
2,4,6
FINAL RECORD TIME:
PAGE ONE OF ONE

ARMY HEALTH
VERSION: FINAL
AIR DATES: WEEKS

**ATTENTION WOMEN: DID YOU KNOW THAT AFRICAN AMERICANS HAVE
THE HIGHEST FATALITY RATE FROM BREAST CANCER? MORE BLACK
WOMEN THAN EVER ARE DYING BECAUSE THEIR CANCER IS NOT CAUGHT
SOON ENOUGH.**

**THERE ARE THREE SIMPLE WAYS THAT YOU CAN FIGHT BACK: BY
HAVING REGULAR MAMMOGRAMS, PRACTICING BREAST SELF-
EXAMINATION, AND SEEING YOUR DOCTOR FOR REGULAR EXAMS.**

**TO LEARN MORE, CALL THE BREAST HEALTH INFORMATION LINE AT 1-800-
521-8972. THAT'S 1-800-521-8972.**

ALL INFORMATION IS FREE, PRIVATE, AND CONFIDENTIAL. CALL TODAY.

APPENDIX I: PROJECT ADVISORS AND CONSULTANTS

**BREAST CANCER INFORMATION OUTREACH RESEARCH
ADVISORY COMMITTEE ROSTER
March 1997**

<u>NAME & ADDRESS</u>	<u>TITLE/ORGANIZATION</u>	<u>PHONE & FAX</u>
Erwin Abrams 8424 Veterans Hwy. Millersville, MD 21108	Executive Director, Hospice of the Chesapeake	(P) 410-987-2003 (F) 410-987-3961
Lucile Adams-Campbell, Ph.D. 2041 Georgia Ave N.W. Washington, DC 20060	Acting Director, Howard University Cancer Center & Professor of Medicine	(P) 202-806-7697 (F) 202-667-1686
Donna Cox 550 N. Broadway, Ste 300 Baltimore, MD 21205-2004	Director, Cancer Information System John Hopkins Oncology Center	(P) 410-955-3636 (F) 410-955-3694
Kay Dickersin, Ph.D. 115 Beachdale Road Baltimore, MD 21210	Dept. of Epidemiology and Preventive University of Maryland School of Medicine 506 W. Fayette Street Baltimore, MD 21201-1715	(P) 410-706-5295 (F) 410-328-0110
Daniel E. Ford, M.D., M.P.H. 2024 E. Monument Street Suite 2-600 Baltimore, MD 21205-2223	Assistant Professor of Medicine, Epidemiology, and Health Policy and Management, The John Hopkins Medical Institution	(P) 410-614-0986 (F) 410-955-0476
Peter Graze, M.D. 900 Bestgate Rd., Ste 300 Annapolis, MD 21401	Oncologist	(P) 410-573-5300 (F) 410-573-5305
Faye Hunt-Anderson, R.N. 140 Jennifer Rd Annapolis, MD 21401	Coordinator, Anne Arundel Medical Center Cancer Education and Screening Program	(P) 410-224-5770 (F) 410-224-5795
Petra Jacobsen 3641 Autumn Glen Circle Burtonsville, MD 20866	Account Executive Lasting Images, Inc.	(P) 301 890-4139 (F) 202-219-2390
Rev. Dr. Curtis Jones 2110 Madison Ave. Baltimore, MD 21217	Madison Ave. Presbyterian Church	(P) 410-523-7935 (F) 410-523-7984

Juanita Lyle
1101 3rd St NW, Apt 513
Washington, DC 20024

Breast Cancer Survivor & Speaker

(P) 202-994-1364
(F) 202-994-2645

Diane Rich
8055 Ritchie Hwy., Ste 101
Pasadena, MD 21122

Executive Director
Resources and Support Center (CARES)

(P) 410-760-2273
(F) 410-760-2285

Evelyn Stein
3 Harry S. Truman
Annapolis Health Services Building
Annapolis, MD 21401

Public Affairs Office, Anne Arundel
County Health Department

(P) 410-222-7209
(F) 410-222-7294

AEI/TeleSonic Representatives:

Leonard A. Blackshear, Principal Investigator

Other Contacts

Judith A. Cabral
Patsy B. Blackshear, Ph.D.
Deborah H. Harris
Mary De Angelo

(P) 410-841-6920
(F) 410-841-6505

Consultants

Barbara Crawley (P) 410-706-0402
Statistician (F) 410-328-0110
University of Maryland at Baltimore
Department of Epidemiology and Preventative Medicine
660 Redwood Street
Baltimore, MD 21201

Patricia Langenburg, Ph.D. (P) 410-706-3251
Statistician (F) 410-706-8013
University of Maryland at Baltimore
Department of Epidemiology and Preventative Medicine
660 Redwood Street
Baltimore, MD 21201

Barbara Curbow (P) 410-614-2281
Associate Professor (F) 410-955-7241
Johns Hopkins University
School of Hygiene and Public Health
624 North Broadway Street
Room 739
Baltimore, MD 21205

Alma Hays (P) 410-837-0127
Oncology Nurse (F) 410-244-8742
727 South Hanover Street
Baltimore, MD 21205
Formerly with American Cancer Society

Other

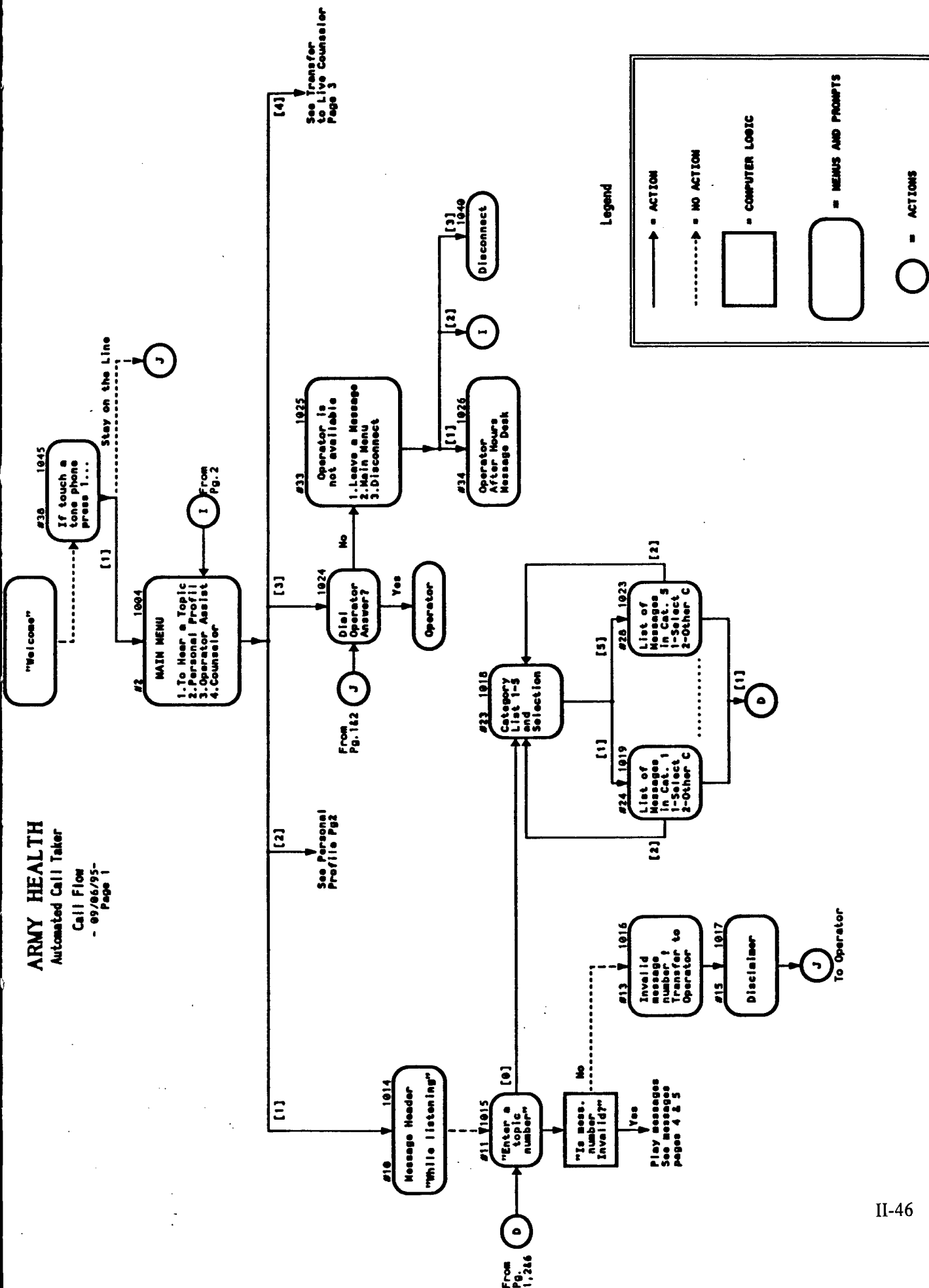
Mrs. Joan Pearson (P) 202-806-7697
Staff to Lucile Adams-Campbell (F) 202-667-1686
Howard University Cancer Center
2041 Georgia Avenue N.W.
Washington, D.C. 20060

APPENDIX J: CALL FLOW - AUTOMATED SYSTEM

ARMY HEALTH

Automated Call Taker

Call Flow
- 09/06/95-
Page 1



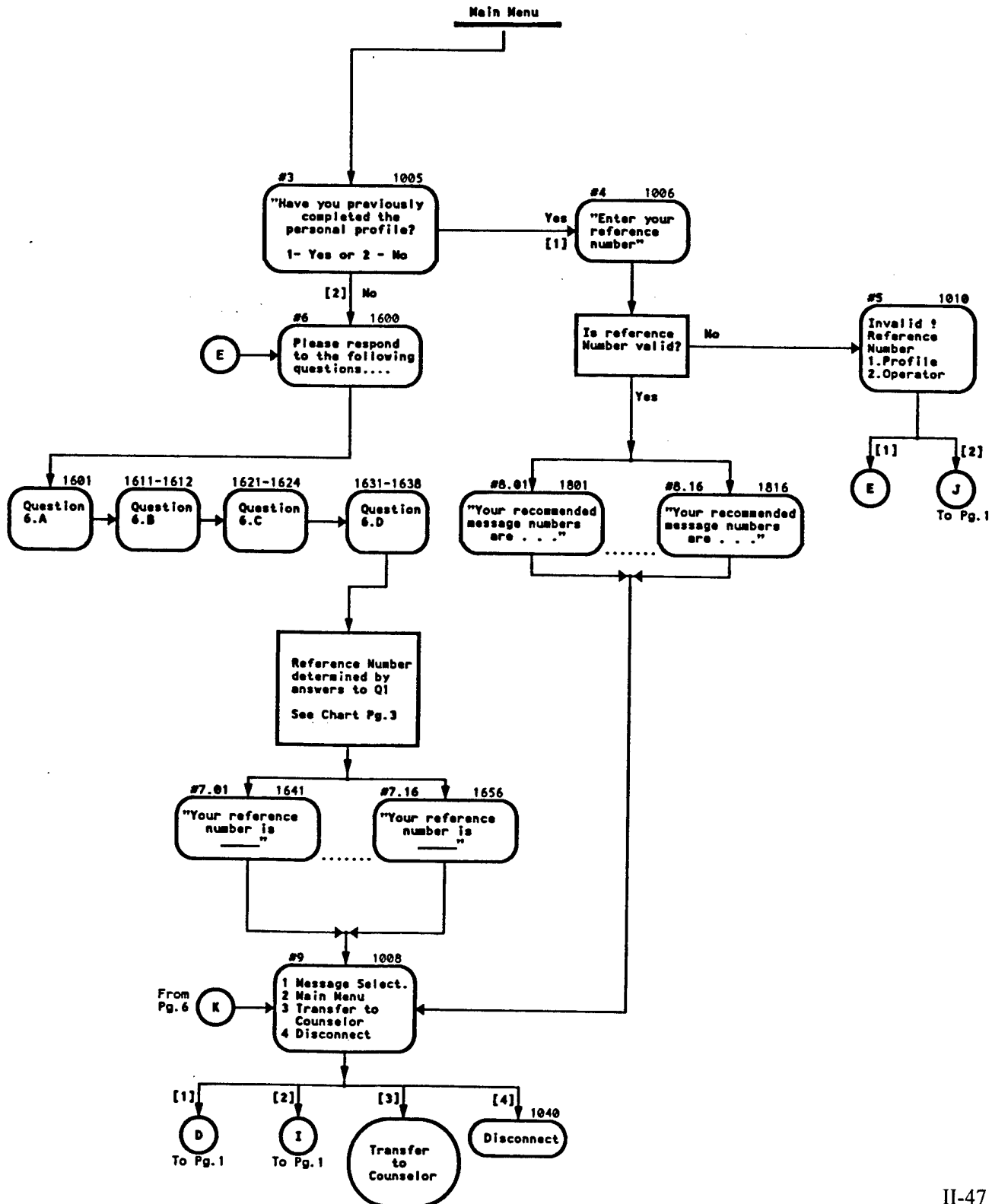
ARMY HEALTH

Automated Call Taker

Call Flow

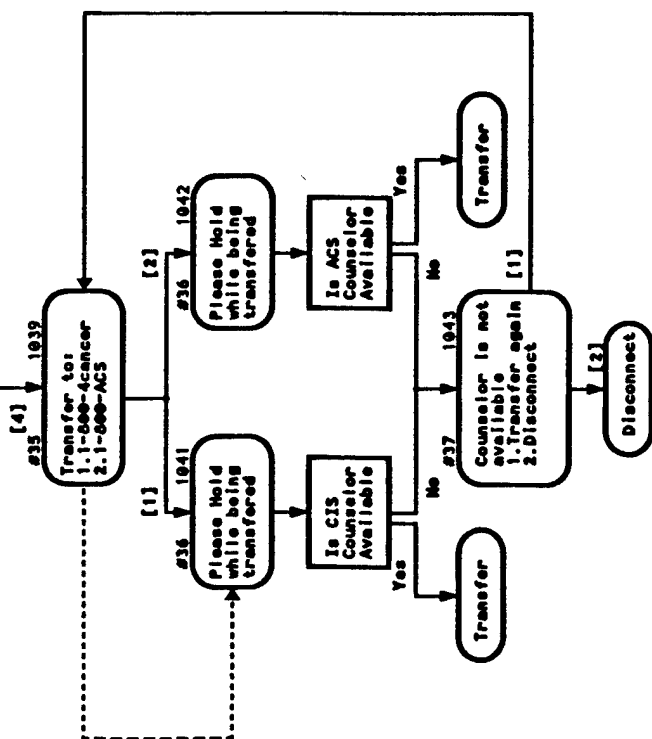
08/30/95

Page 2



II-47

Transfer to Live Counselor
From Main Menu (Page 1)

**Personal Profile Module with Reference Number (R. N.) Identification**[illegible]

ARMY HEALTH Automated Call Taker

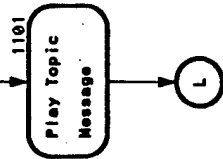
Call Flow

Topic Messages (From Pg1)

- 08/30/95-
Page 4

MESSAGE 1001

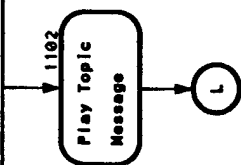
"What is Breast Cancer?"



To Pg. 6

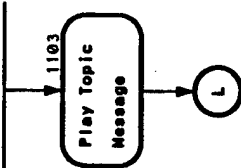
MESSAGE 1002

"Breast Cancer is Curable?"



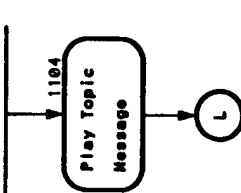
MESSAGE 1003

"Breast Cancer myths?"



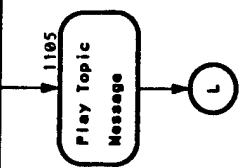
MESSAGE 1004

"Every breast lump or pain is not cancer"



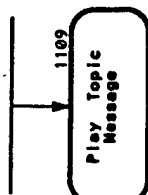
MESSAGE 1005

"Breast cancer and African American"



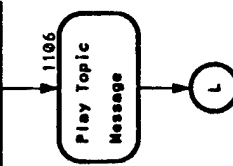
MESSAGE 1009

"Breast examination"



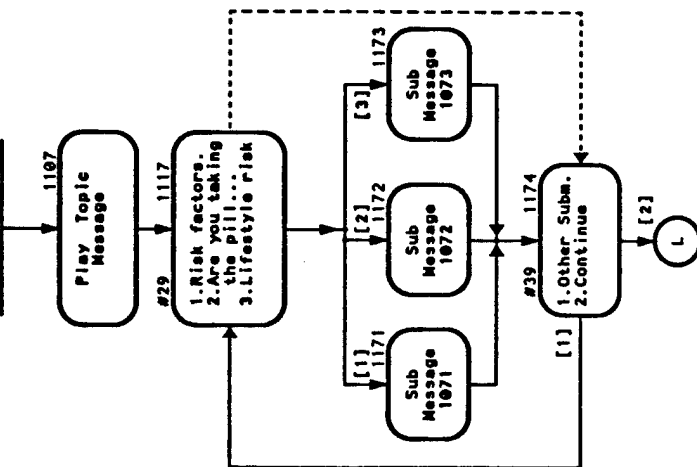
MESSAGE 1006

"Men, you can get breast cancer too"



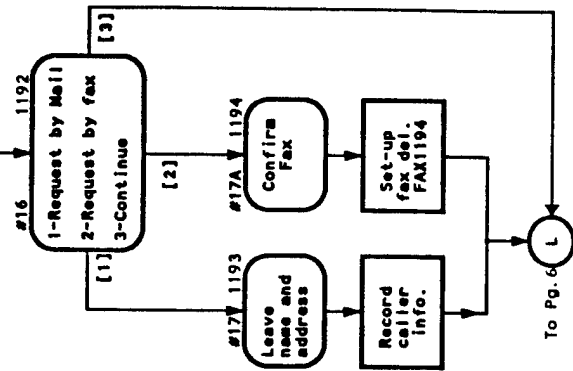
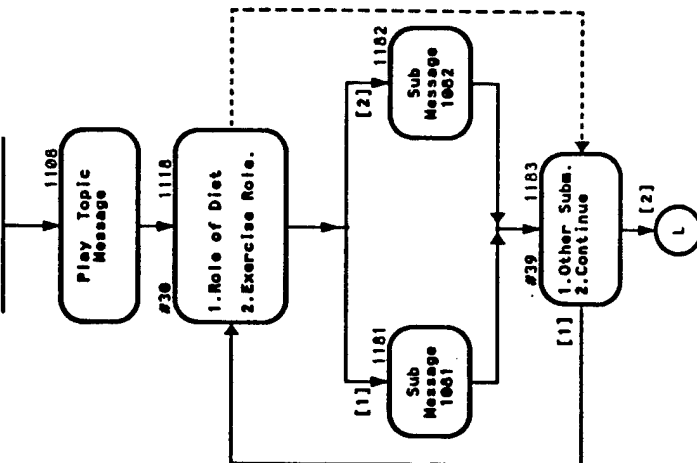
MESSAGE 1007

"Are you at risk for getting breast cancer?"



MESSAGE 1008

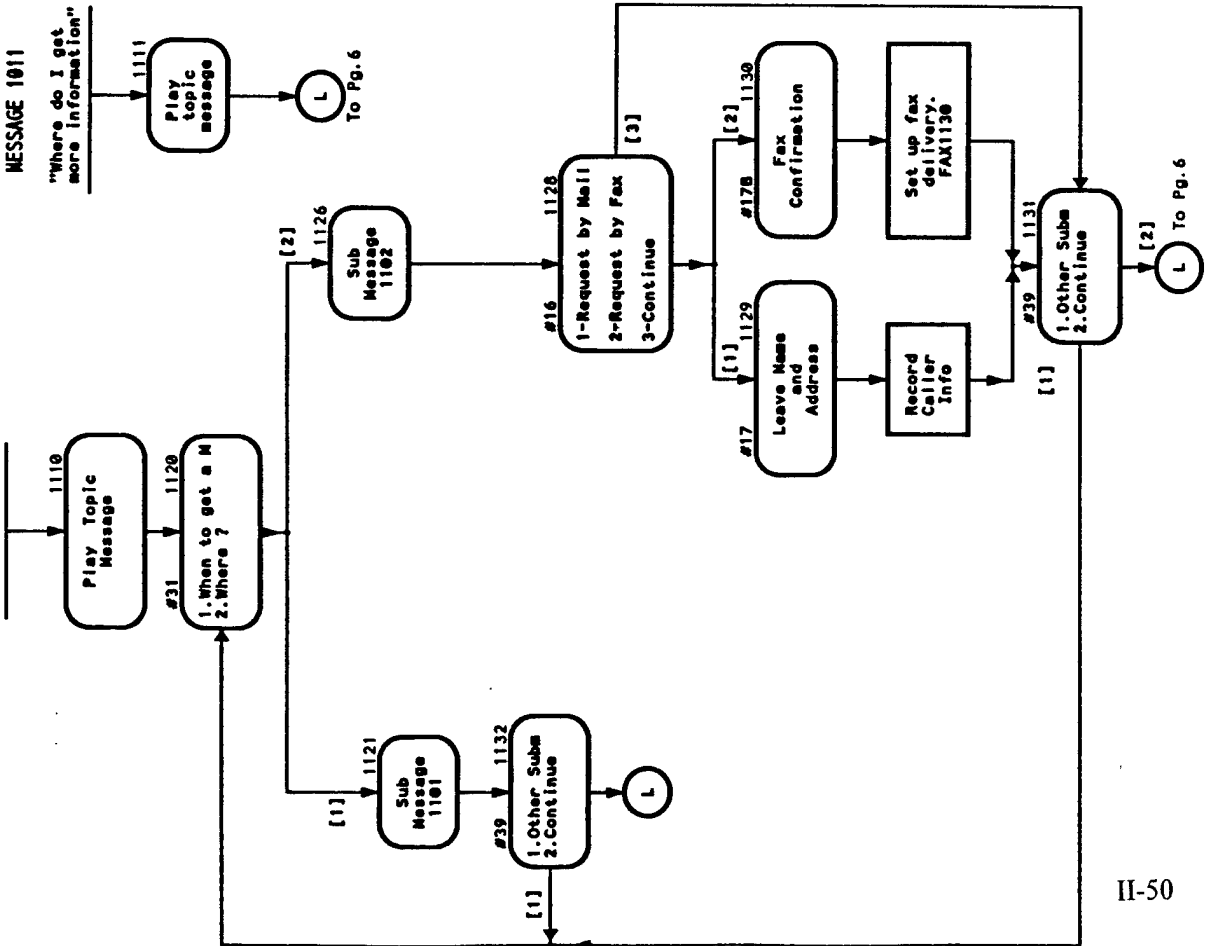
"Lower your risk for getting breast cancer"



ARMY HEALTH
Automated Call Taker
Call Flow
Topic Messages(From Pg1)
- 08/30/95-

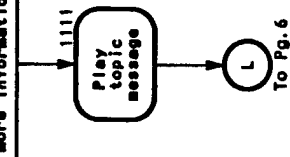
MESSAGE 1010

"All about amegress"



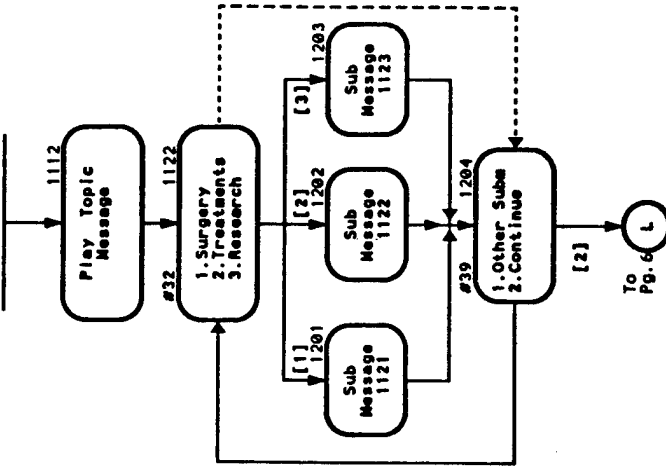
MESSAGE 1011

"Where do I get more information"



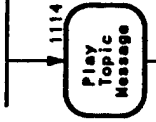
MESSAGE 1012

"How can breast cancer be treated"



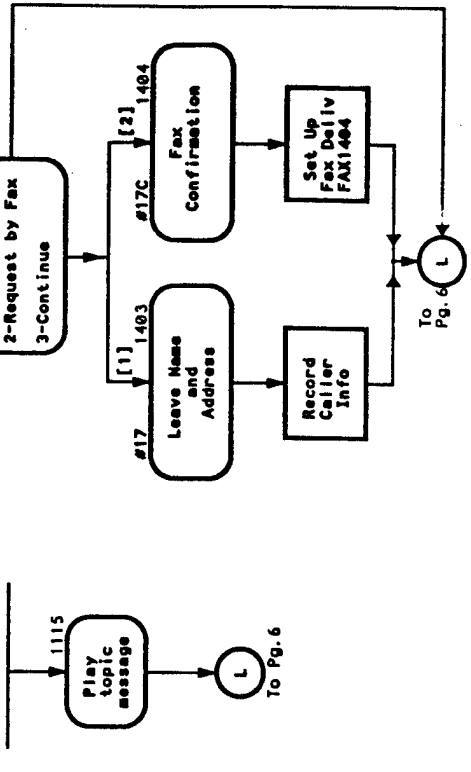
MESSAGE 1014

"Community Bulletin Board"

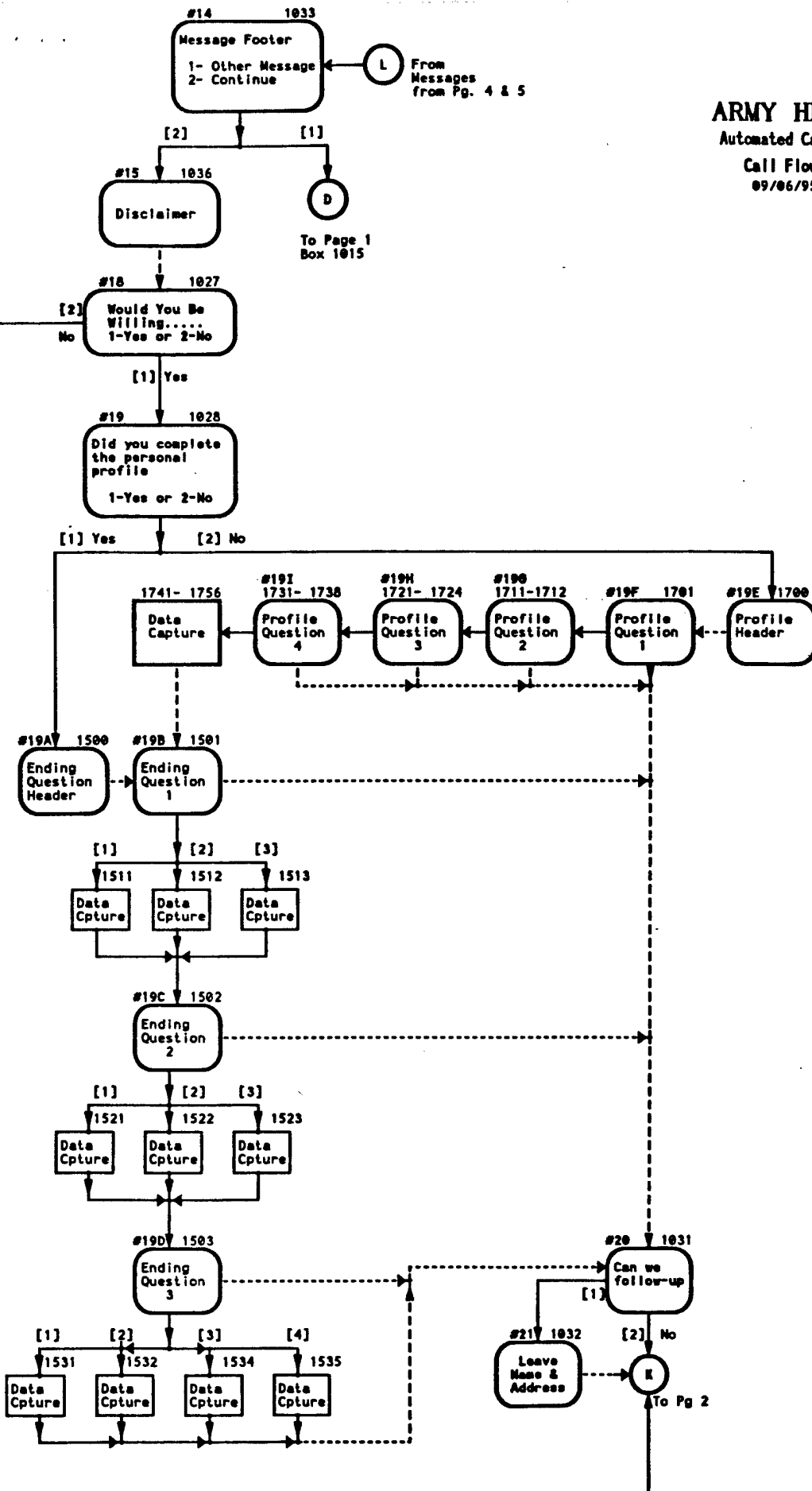


MESSAGE 1015

"How should I support a friend or relative"



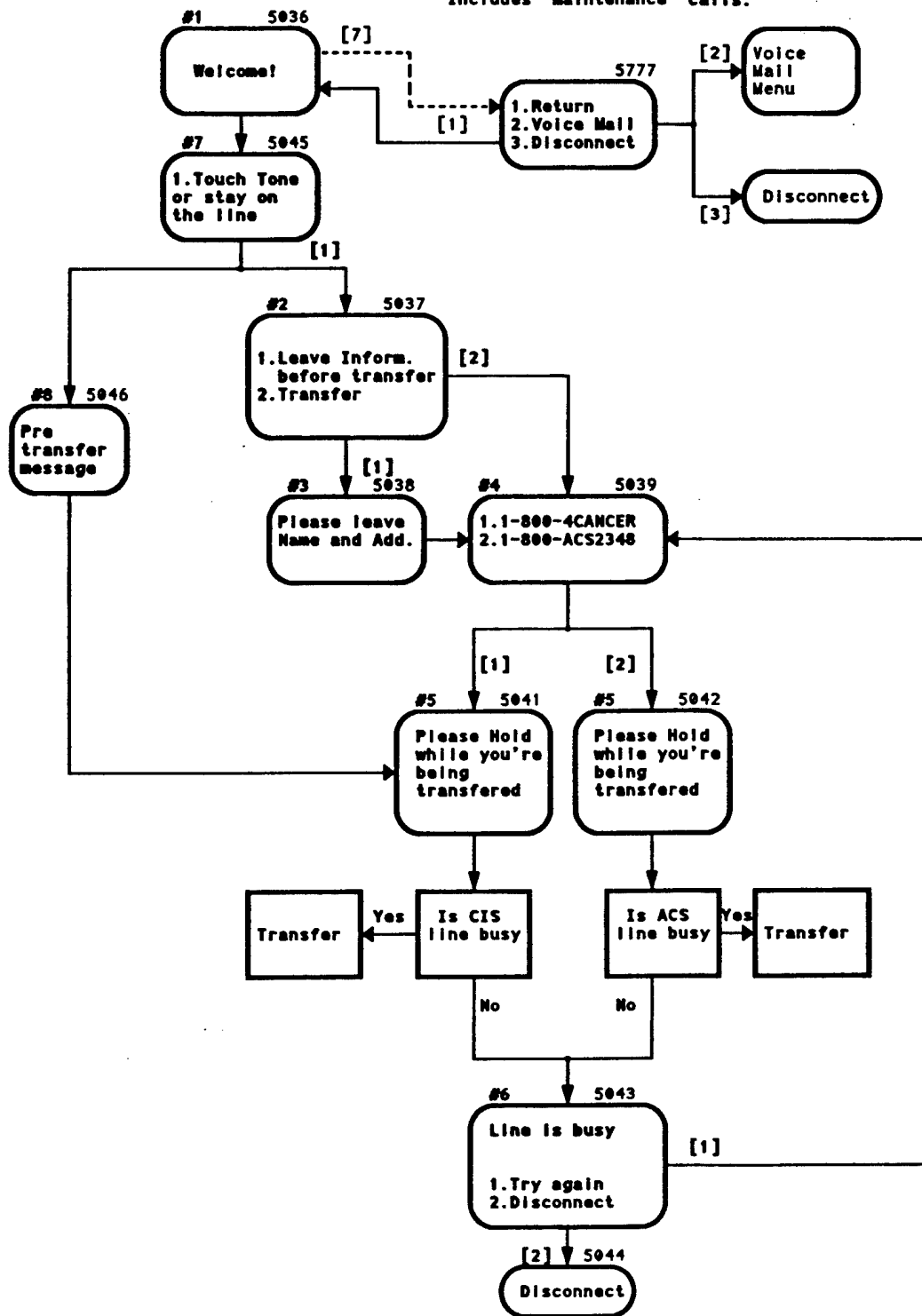
ARMY HEALTH
Automated Call Taker
Call Flow
09/06/95



APPENDIX K: CALL FLOW - LIVE COUNSELOR SYSTEM

Army Health

Call Flow 06/27/95
Live Call Taker
Includes "Maintenance" calls.



APPENDIX L: SCRIPTS - AUTOMATED TELEPHONE SYSTEM

BREAST CANCER INFORMATION PROJECT

SCRIPT #1

VOICE: FEMALE

WHAT IS BREAST CANCER?

BREAST CANCER IS THE MOST COMMON FORM OF CANCER IN AMERICAN WOMEN -- AND THE LEADING CAUSE OF DEATH FOR ALL WOMEN BETWEEN AGES OF 35 TO 54. ONE IN NINE WOMEN WILL GET IT IN HER LIFETIME. AND THERE ARE 30 PERCENT MORE CASES NOW THAN IN THE 1970'S. IN RARE CASES, MEN GET BREAST CANCER TOO.

BREAST CANCER IS A DISEASE WHERE YOUR BODY'S OWN CELLS BEGIN TO GROW IN AN UNCONTROLLED WAY IN YOUR BREAST. THIS GROWTH OF CELLS FORMS MASSES OF TISSUES CALL TUMORS. THESE TUMORS GROW AND EVENTUALLY SPREAD TO OTHER PARTS OF YOUR BODY.

BREAST CANCER CAN GROW AT DIFFERENT RATES, SOMETIMES IT CAN TAKE SIX TO EIGHT YEARS TO GROW FROM A TINY CELL IN YOUR BREAST TO A SMALL GROWTH THAT SHOWS UP ON AN X-RAY.

AND IF YOU DON'T GET AN X-RAY, IT COULD BE ANOTHER TWO YEARS BEFORE THE CANCER GETS BIG ENOUGH FOR YOU TO ACTUALLY FEEL A LUMP.

THERE ARE DIFFERENT KINDS OF BREAST CANCERS. THE MOST COMMON IS FOUND IN THE MILK DUCTS OF THE BREAST. SOME CANCERS RUN IN FAMILIES AND ARE LINKED TO AN INHERITED CANCER GENE. BUT MOST WOMEN WHO GET BREAST CANCER HAVE NO FAMILY HISTORY.

THE GOOD NEWS IS THAT BREAST CANCER IS OFTEN COMPLETELY CURABLE. NINETY PERCENT OF ALL WOMEN WITH THIS DISEASE WILL SURVIVE IF THE CANCER IS TREATED EARLY. THOSE ARE VERY GOOD ODDS.

SO HOW EARLY IS "EARLY"? WELL, THE EARLIEST STAGE IS WHEN THE CANCER CELLS HAVEN'T SPREAD AT ALL. THEY'RE SO SMALL YOU PROBABLY CAN'T EVEN FEEL THEM. BUT A MAMMOGRAM X-RAY CAN PICK THEM UP.

BREAST CANCER CAN GROW AND SPREAD TO THE GLANDS UNDER YOUR ARM. EVEN THEN, IT CAN BE TOTALLY CURED, DEPENDING ON THE TYPE OF CANCER, SIZE OF THE TUMOR, AND YOUR OVERALL HEALTH.

IF LEFT UNTREATED, BREAST CANCER WILL SPREAD TO OTHER GLANDS, AND THEN TO OTHER PARTS OF THE BODY. HOWEVER, EVEN THESE ADVANCED CANCERS CAN BE TREATED.

BUT THE KEY IS TO CATCH BREAST CANCER EARLY. AND, THANKS TO NEW KINDS OF TREATMENT AND EARLY DIAGNOSIS, WOMEN WHO GET BREAST CANCER TODAY CAN OFTEN SAVE THEIR BREASTS AS WELL AS THEIR LIVES.

DO YOU NEED TO BE CONCERNED ABOUT EVER GETTING BREAST CANCER? YES YOU DO! EVERY WOMAN SHOULD BE. THAT'S WHY A YEARLY CHECKUP AND BREAST EXAM IS VERY IMPORTANT. AND, ANY CHANGE IN YOUR BREASTS...LIKE A LUMP, OR FLUID FROM YOUR NIPPLES, OR DIFFERENT

SKIN COLOR OR TEXTURE...MEANS YOU SHOULD SEE A DOCTOR RIGHT AWAY.

TO LEARN MORE ABOUT YOUR RISK FOR GETTING BREAST CANCER AND
WHAT YOU CAN DO ABOUT IT, PLEASE REVIEW OTHER MESSAGES IN THIS
LIBRARY.

CANCER INFORMATION PROJECT

SCRIPT # 2

DRAFT DATE: 3/29/95

EST. RECORD TIME: 2.75 MINUTES

VOICE: FEMALE

PUT FEAR ASIDE--BREAST CANCER IS CURABLE

THE TITLE OF THIS MESSAGE IS, PUT FEAR ASIDE--BREAST CANCER IS CURABLE.

THE THOUGHT OF GETTING BREAST CANCER SOMEDAY IS VERY SCARY FOR ALL OF US. BUT WHAT MANY WOMEN DON'T KNOW IS THAT BREAST CANCER CAN BE COMPLETELY CURED IN MOST CASES. IN FACT IT'S ONE OF THE MOST CURABLE OF ALL CANCERS -- IF IT'S CAUGHT EARLY.

A WOMAN'S SURVIVAL RATE IS HIGH -- 90 PERCENT -- IF HER BREAST CANCER IS FOUND WHEN IT IS SMALL AND TREATED BEFORE IT HAS SPREAD TO AREAS BEYOND THE BREAST. (1)

EARLY DETECTION IS THE KEY -- AND HERE'S WHERE THE RESPONSIBILITY LIES SQUARELY ON YOUR SHOULDERS. YOU SHOULD GO TO A DOCTOR EVERY YEAR FOR A REGULAR CHECKUP THAT INCLUDES A PHYSICAL BREAST EXAM. DO A MONTHLY SELF-EXAM OF YOUR BREASTS. AND BEGINNING AT AGE 50, YOU SHOULD GET A MAMMOGRAM EVERY ONE OR TWO YEARS.

A MAMMOGRAM IS AN X-RAY OF YOUR BREASTS. IT CAN SHOW CANCER UP TO TWO YEARS BEFORE YOU'LL EVER FEEL A LUMP IN YOUR BREAST. IF YOU HAVE A FAMILY HISTORY OF BREAST CANCER, MAMMOGRAMS SHOULD BE ENCOURAGED EVERY YEAR. (2)

YOU CAN LEARN MORE ABOUT BREAST CANCER FROM YOUR DOCTOR OR MEDICAL CLINIC, OR YOUR LOCAL LIBRARY. TALK TO YOUR FAMILY TO SEE IF THERE'S ANY HISTORY OF BREAST CANCER. THE MORE YOU KNOW ABOUT THE DISEASE AND ABOUT YOUR PERSONAL RISK, THE BETTER YOUR CHANCES OF PREVENTING IT OR FINDING IT EARLY.

FORTUNATELY, DOCTORS HAVE BEEN TREATING BREAST CANCER FOR A LONG TIME AND ARE FINDING BETTER WAYS TO TREAT -- AND CURE -- THIS DISEASE.

WHILE SURGERY IS THE MOST COMMON TREATMENT, MORE AND MORE, DOCTORS ARE ABLE TO SAVE A WOMAN'S BREASTS AND JUST REMOVE THE CANCEROUS TUMOR. FOR MORE ADVANCED CANCERS, SURGERY CAN STILL MEAN TAKING OUT THE WHOLE BREAST, OR THE BREAST AND GLANDS UNDER THE ARM... BUT THERE ARE OTHER TREATMENTS THAT WORK WITH OR INSTEAD OF SURGERY... LIKE RADIATION, OR THE USE OF DRUGS TO KILL CANCER CELLS, OR A SPECIAL THERAPY THAT GETS YOUR BODY'S OWN IMMUNE SYSTEM TO FIGHT CANCER. TREATMENT DEPENDS ON WHAT KIND OF CANCER YOU HAVE, HOW ADVANCED IT IS, AND YOUR OVERALL HEALTH.

THE BOTTOM LINE IS, BREAST CANCER IS A TREATABLE, CURABLE DISEASE. CHANCES OF SURVIVING ARE GETTING BETTER ALL THE TIME THANKS TO NEW RESEARCH. AND, YOU CAN BETTER YOUR ODDS OF NOT GETTING CANCER OR OF SURVIVING IT BY KEEPING YOUR BODY IN GOOD HEALTH, DOING A MONTHLY BREAST SELF-EXAM, GETTING YEARLY BREAST EXAMS, AND -- IF YOU'RE OVER 50 -- GETTING A MAMMOGRAM.

FOR MORE INFORMATION ON EARLY SCREENING FOR CANCER OR TREATMENT, CALL OTHER MESSAGES IN THIS LIBRARY.

END OF SCRIPT

1. FACTS ABOUT BREAST CANCER...BLACK AMERICAN WOMEN, NCI PUB.
2. QUESTIONS & ANSWERS ABOUT MAMMOGRAPHY AND BREAST CANCER,
NCI PUB.
3. BREAST CANCER & OVARIAN CANCER, BEATING THE ODDS, P.52
4. IBID, PP 122-126

CANCER INFORMATION PROJECT

SCRIPT #:3

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 3 MINUTES

VOICE: FEMALE

BREAST CANCER MYTHS

THE TITLE OF THIS MESSAGE IS: BREAST CANCER MYTHS.

THERE'S ALOT OF MISINFORMATION WOMEN HAVE ABOUT BREAST CANCER THAT KEEPS THEM FROM GETTING REGULAR MEDICAL CHECKUPS.

WOMEN OFTEN AVOID GETTING A PHYSICAL BREAST EXAM OR A MAMMOGRAM BECAUSE THEY BELIEVE BREAST CANCER IS NOT CURABLE OR THAT, IF THEY DO LIVE, THEY WILL BE GROSSLY DEFORMED BY BREAST CANCER SURGERY.

THE FACT IS, BREAST CANCER CAN BE CURED IN 90 PERCENT OF ALL CASES -- IF IT'S CAUGHT EARLY. AND, ADVANCES IN MEDICINE MEAN LESS DISFIGUREMENT FROM SURGERY, AND OTHER KINDS OF TREATMENT THAT DON'T INVOLVE SURGERY AT ALL. WE'VE COME A LONG WAY FROM WHEN OUR MOTHERS OR THEIR FRIENDS HAD BREAST CANCER.

BUT THE MYTHS ABOUT BREAST CANCER PERSIST. IN FACT, THERE ARE ALMOST AS MANY IDEAS ABOUT BREAST CANCER AS THERE ARE PEOPLE.

THESE IDEAS RANGE FROM GETTING CANCER AS A RESULT OF A TRAUMATIC EXPERIENCE, SUCH AS A DEATH IN THE FAMILY, TO DRINKING FROM THE SAME CUP OF SOMEONE WITH CANCER. THE BASIS FOR THESE FALSE BELIEFS IS PURE FEAR. WE'RE OFTEN SCARED OF THINGS WE KNOW LITTLE ABOUT.

HERE ARE SOME OTHER WRONG IDEAS ABOUT HOW WOMEN GET BREAST CANCER: THINKING ABOUT BREAST CANCER TOO MUCH CAN MAKE YOU GET IT. IMPOSSIBLE! THINKING ABOUT CANCER DOES NOT CAUSE THE DISEASE.

HERE'S ANOTHER ONE: A WOMAN CAN GET BREAST CANCER IF SHE HITS HER BREAST TOO HARD OR IF A HEAVY OBJECT FALLS ON IT. NOT TRUE! CANCER IS CAUSED BY UNCONTROLLED CHANGES IN THE BODY. SO, HITTING YOUR BREAST WILL NOT CAUSE CANCER!

HERE'S ANOTHER: EXAMINING YOUR BREAST CAN CAUSE CANCER OR SPREAD IT AROUND. THE FACT IS, EXAMINING YOUR BREASTS COULD SAVE YOUR LIFE! IF A LUMP IS FOUND, TREATMENT CAN START. THE SOONER THE BETTER!

LOTS OF WOMEN STILL AVOID MAMMOGRAMS BECAUSE THEY WRONGLY BELIEVE THAT THE RADIATION FROM A MAMMOGRAM CAN GIVE THEM BREAST CANCER. THIS IS NOT TRUE -- MAMMOGRAM MACHINES HAVE IMPROVED A LOT OVER THE PAST 30 YEARS AND THE DOSE OF RADIATION IS LESS THAN YOU'D GET ON AN AFTERNOON OUTING IN THE SUN.

IF YOU HAVE QUESTIONS ABOUT BREAST CANCER, IT'S CAUSES, AND
TREATMENT, YOU OWE IT TO YOURSELF TO CHECK THE FACTS. DON'T LET
MYTHS CONFUSE THE FACTS OR PREVENT YOU FROM TAKING POSITIVE ACTION.

END OF SCRIPT

SOURCE:

UNDERSTANDING BREAST CANCER, PP.10-16

CANCER INFORMATION PROJECT

SCRIPT #4

DRAFT DATE: 3/29/95

ESTIMATED READING TIME: 4 MINUTES

VOICE FEMALES IN THEIR 50S

EVERY BREAST LUMP OR PAIN IS NOT CANCER

FEMALE 1: THE TITLE OF THIS MESSAGE IS, EVERY BREAST LUMP OR PAIN IS NOT CANCER. YOU KNOW, OUR BREASTS CHANGE THROUGHOUT OUR LIFETIME. THAT'S NORMAL. AND, SOONER OR LATER, THESE CHANGES MAY CAUSE PAIN, TENDERNESS, OR EVEN LUMPS AND CYSTS. I KNOW THE FIRST TIME I FELT A LUMP, MY AUTOMATIC RESPONSE WAS FEAR. BUT, KNOWING WHAT I KNOW TODAY, I SHOULDN'T HAVE BEEN AS CONCERNED...

FEMALE 2: THAT'S RIGHT! NONE OF THESE THINGS ARE NECESSARILY A SIGN OF CANCER. FOR EXAMPLE, I GET BREAST PAIN AT THE MIDDLE OF MY MENSTRUAL CYCLE. SO DOES MY NEIGHBOR. THE PAIN USUALLY STOPS WHEN WE GET OUR PERIODS. IT FEELS UNCOMFORTABLE, BUT I KNOW IT'S NOT CANCER. IN FACT, I HEARD PAIN IS USUALLY NOT AN EARLY WARNING SIGN OF BREAST CANCER.

FEMALE 1: OH, IT'S NOT.

FEMALE 1: SO WHAT'S FIBROCYSTIC DISEASE? WHEN MY DOCTOR EXAMINED MY LUMPS, HE SAID THAT'S WHAT I HAD.

FEMALE 2: IT'S REALLY A CATCH-ALL PHRASE FOR A LOT OF COMMON CONDITIONS. HALF OF ALL WOMEN GET LUMPY OR TENDER BREASTS. NONE OF THESE CONDITIONS ARE CANCER.

FEMALE 2: YOU KNOW, I FIND THAT CUTTING OUT CAFFEINE FROM COFFEE OR SODA AND TAKING VITAMIN E LOWERS THE PAIN OF LUMPY BREASTS.

FEMALE 2: AFTER AWHILE, YOUR CONDITION MIGHT JUST GO AWAY ON ITS OWN. IT DOES FOR MORE THAN HALF OF US.
THERE ARE OTHER KINDS OF LUMPS WOMEN CAN GET, TOO.
CYSTS OF THE BREAST ARE LUMPS YOU CAN FEEL. USUALLY, WOMEN BETWEEN THE AGES OF 30 AND 50 GET THEM. CYSTS CAN BE EASILY DRAINED IN A DOCTOR'S OFFICE, OFTEN WITHOUT PAIN.

FEMALE 1: MY GIRLFRIEND HAS ANOTHER KIND OF LUMP THAT'S SOFT AND PAINLESS. IT'S REALLY BIG! SHE WAS TOLD TO GO TO A DOCTOR AND HE TOLD HER RIGHT AWAY IT WAS "BENIGN" WHICH I TOLD HER MEANT "HARMLESS." YOU KNOW, SO MANY OF MY FRIENDS GET CONFUSED WHEN THEY SEE A DOCTOR WHO USES MEDICAL TERMS THEY DON'T UNDERSTAND.

FEMALE 2: SURE! THEY HEAR WORDS LIKE "BENIGN" AND ARE TOO SHY TO ASK WHAT IT MEANS. OR "TUMOR." IF A WOMAN HEARS SOMEONE CALL HER LUMP A TUMOR, BOY, WILL SHE GET ALARMED!

FEMALE 2: YET, THE WORD "TUMOR" JUST MEANS ANY GROUP OF CELLS THAT GROWS INTO A MASS.

FEMALE 2: AND THEN YOU'VE GOT THE WORDS, BENIGN AND MALIGNANT.... WELL, A BENIGN TUMOR IS NOT CANCER. BUT A MALIGNANT TUMOR IS CANCER, AND IT CAN SPREAD TO OTHER PARTS OF YOUR BODY.

FEMALE 1: BY THE WAY, DO YOU KNOW WOMEN WHO'VE HAD BLEEDING OR DISCHARGE FROM THEIR NIPPLES? WHAT CAUSES THAT?

FEMALE 2: YES, I DO KNOW SOME WOMEN WITH THIS CONDITION. IT'S NOT UNCOMMON AND THE PROBLEM CAN BE CURED. BUT I TELL ANYONE, IF YOU HAVE BLEEDING OR DISCHARGE FROM YOUR NIPPLES, GO SEE A DOCTOR. IN FACT, IF YOU EXPERIENCE ANY OF THESE SYMPTOMS, GET THEM CHECKED OUT RIGHT AWAY.

FEMALE 1: THAT'S GOOD ADVICE. WE ALL HAVE TO BE ON THE LOOKOUT FOR BREAST CANCER, AND A PHYSICAL BREAST EXAM IS ONE OF THE KEYS TO EARLY DETECTION.

END OF SCRIPT

1. WHAT YOU NEED TO KNOW ABOUT BREAST CANCER (NIH)
2. BREAST CANCER AND OVARIAN CANCER - BEATING THE ODDS, PP.42-47
3. CANCER: ENCOURAGING ANSWERS TO 25 QUESTIONS YOU WERE ALWAYS AFRAID TO ASK. ERROL FRIEDBERG, M.D.

CANCER INFORMATION PROJECT

SCRIPT # 5

DRAFT DATE: 8/24/95

ESTIMATED READING TIME: 3 MINUTES

VOICE: AFRICAN AMERICAN FEMALE

WHAT AFRICAN AMERICAN WOMEN NEED TO KNOW ABOUT BREAST CANCER

THE TITLE OF THIS MESSAGE IS, WHAT AFRICAN AMERICAN WOMEN
NEED TO KNOW ABOUT BREAST CANCER.

IF YOU ARE AN AFRICAN AMERICAN WOMAN YOU MAY HAVE HEARD
THAT YOU'RE AT GREATER RISK FOR GETTING BREAST CANCER. WELL,
THAT'S NOT ENTIRELY TRUE. IN FACT, AFRICAN AMERICANS HAVE LESS OF
A CHANCE OF GETTING BREAST CANCER THAN WHITE WOMEN DO. (1)

BUT DON'T THINK YOU'RE OFF THE HOOK. WOMEN -- AFRICAN
AMERICAN OR WHITE -- ARE AT RISK FOR GETTING BREAST CANCER -- EVEN
THOSE WITH NO FAMILY HISTORY OF THE DISEASE. THERE ARE MORE NEW
CASES OF BREAST CANCER EACH YEAR THAN OF ANY OTHER KIND OF
CANCER -- AND THIRTY PERCENT MORE CASES NOW THAN IN THE 1970'S?
THAT'S NOT GOOD! (2)

BESIDES, EVEN THOUGH AFRICAN AMERICAN WOMEN ARE AT LOWER
RISK FOR GETTING BREAST CANCER, ONCE WE DO GET IT ... THE STATISTICS
SHOW WE DON'T SURVIVE AS WELL AS OTHER WOMEN. IN FACT OUR
SURVIVAL RATE DROPPED BY FOURTEEN PERCENT IN THE 1980S, WHILE
SURVIVAL FOR WHITE WOMEN GOT BETTER! (3)

BREAST CANCER IS THE LEADING CAUSE OF CANCER DEATH FOR
AFRICAN AMERICAN WOMEN. AND THIS IS A TRAGEDY, BECAUSE BREAST
CANCER IS SO CURABLE IF CAUGHT EARLY.

WHY ARE AFRICAN AMERICAN WOMEN DYING OF BREAST CANCER IN SUCH HIGH NUMBERS?

WELL, FIRST, WE'RE ARE NOT FINDING IT EARLY ENOUGH. SEVENTY PERCENT OF ALL AFRICAN AMERICAN WOMEN HAVE NEVER EVEN HAD A SIMPLE MAMMOGRAM: WHICH IS AN X-RAY OF THE BREAST. (4) MAMMOGRAMS CAN FIND CANCER MUCH SOONER THAN SELF-EXAMINATION -- UP TO TWO YEARS BEFORE A LUMP IS FELT.(5)

SECOND, AFRICAN AMERICAN WOMEN ARE NOT GETTING YEARLY MEDICAL CHECK-UPS OR OTHER HEALTH CARE WHERE BREAST CANCER MIGHT BE FOUND EARLY.

THIRD, ONCE HAVING BEEN TREATED FOR BREAST CANCER, SOME AFRICAN AMERICAN WOMEN DON'T GET FOLLOWUP TREATMENT OR CHECKUPS.

THERE ARE DIFFERENT REASONS FOR DELAYING ACTIONS. SOME AFRICAN AMERICAN WOMEN SIMPLY CAN'T AFFORD TO GO TO THE DOCTOR AND CAN'T AFFORD MAMMOGRAMS. AND IF WE DON'T HAVE HEALTH INSURANCE, WE MAY NOT GET ANY LONG-TERM FOLLOWUP TREATMENT AFTER OUR FIRST TREATMENTS.(6) EVEN SOME WHO CAN AFFORD IT, GO FOR HELP ONLY WHEN OUR CANCER HAS SPREAD. BY THEN, MORE TREATMENT IS NEEDED, AND OUR CHANCES OF RECOVERY NOT AS GOOD. FOR SOME, IT MIGHT BE OUR BELIEF SYSTEM, OR POSSIBLY FEAR.

SO WHAT CAN WE DO TO CHANGE THOSE ODDS? WELL, WE HAVE TO TAKE CHARGE OF OUR LIVES AND OUR HEALTH. WE MUST DO THIS FOR OURSELVES, OUR FAMILIES AND OUR LOVED ONES. BEGIN BY DOING A BREAST SELF-EXAM EVERY MONTH. GET ANNUAL PHYSICAL BREAST EXAMS.

IF YOU HAVE A PERSONAL HISTORY OF BREAST CANCER, YOU SHOULD GET A MAMMOGRAM EVERY YEAR. IF YOU ARE IN YOUR 40'S YOU SHOULD DISCUSS WITH YOUR DOCTOR WHEN TO BEGIN HAVING MAMMOGRAM SCREENINGS. STARTING AT AGE 50, MAMMOGRAMS ARE RECOMMENDED EVERY ONE OR TWO YEARS. YOUR PERSONAL HISTORY AND MEDICAL PROFESSIONAL WILL HELP YOU WITH THESE DECISIONS.

NO EXCUSE ACCEPTED. IF YOU CAN'T AFFORD A MEDICAL CHECKUP OR MAMMOGRAM, HELP IS AVAILABLE.

PLEASE CALL MESSAGE 10 FOR THE LOCATION OF LOW-COST MEDICAL HELP IN YOUR COMMUNITY. YOU CAN TAKE CHARGE OF YOUR BREAST HEALTH NOW AND CONTROL YOUR DESTINY. (STOP)

END OF SCRIPT

1. FACTS ABOUT BREAST CANCER AND BLACK AMERICAN WOMEN(NCI PUB)
2. BREAST CANCER - A COMPLETE GUIDE, HIRSHAUT AND PRESSMAN, P. 242
3. IBID
4. IBID
5. FACTS ABOUT BREAST CANCER AND BLACK AMERICAN WOMEN
6. BREAST CANCER - A COMPLETE GUIDE, P. 242
7. FACTS ABOUT...AND BLACK AMERICAN WOMEN

CANCER INFORMATION PROJECT

SCRIPT # 6

DRAFT DATE: 3/29/95

EST. RECORD TIME: 2.75 MINUTES

VOICE: MALE

MEN, YOU CAN GET BREAST CANCER TOO

THE TITLE OF THIS MESSAGE IS, " MEN, YOU CAN GET BREAST CANCER TOO."

WE THINK OF BREAST CANCER AS ONLY A WOMEN'S DISEASE, BUT MEN CAN GET IT TOO. IN FACT, ABOUT ONE PERCENT OF ALL BREAST CANCERS ARE FOUND IN MEN. DOCTORS THINK THAT THIS YEAR ALONE, 1,000 MEN WILL GET BREAST CANCER, AND 300 WILL DIE FROM IT.

BREAST CANCER USUALLY OCCURS IN MEN IN THEIR SIXTIES, THOUGH A SMALL NUMBER OF US GET IT IN OUR FORTIES.

THE MOST COMMON SYMPTOMS FOR A MAN ARE EITHER A MASS OR LUMP HE CAN FEEL IN HIS BREAST, A BLOODY DISCHARGE FROM THE NIPPLE, AN INVERTED NIPPLE, PAIN IN HIS BREAST OR UNDERARM, OR A MASS OR LUMP IN THE UNDERARM.

IF YOU'RE A MAN AND YOU NOTICE ANY OF THESE SIGNS, PLEASE SEE A DOCTOR RIGHT AWAY.

BECAUSE WE MEN DON'T THINK OF OURSELVES AS BEING AT RISK FOR BREAST CANCER, WE OFTEN DON'T GO TO THE DOCTOR UNTIL THE CANCER HAS GROWN AND SPREAD. ABOUT A THIRD OF ALL BREAST CANCERS IN MEN HAVE SPREAD TO OTHER PARTS OF THE BODY BY THE TIME MEN GO FOR HELP. AND, SADLY, BY THEN, THEIR CHANCE FOR SURVIVAL IS LOWER.

BECAUSE BREAST CANCER IS SO RARE IN MEN, HOW DO YOU KNOW IF YOU'RE AT RISK FOR GETTING IT? WELL, THE SUREST WAY TO TELL IS IF IT'S IN YOUR FAMILY, BECAUSE THERE DOES SEEM TO BE A FAMILY LINK TO MALE BREAST CANCER.

THAT'S RIGHT. IT'S BEEN FOUND THAT FAMILY MEMBERS CAN INHERIT CANCER GENES. A DAUGHTER WHOSE MOTHER HAD BREAST CANCER IS AT RISK ALSO FOR GETTING BREAST CANCER. THE SAME MAY BE TRUE FOR MEN. SOMEDAY SOON, WE'LL BE ABLE TO TEST FAMILIES FOR THESE CANCER GENES.

DO YOU HAVE ANY FEMALE -- OR MALE -- RELATIVES WITH BREAST CANCER? ESPECIALLY CLOSE RELATIVES -- LIKE A PARENT, SISTER OR BROTHER, OR CHILD WITH THE DISEASE?

IF YOU DO, START NOW BY GIVING YOURSELF A MONTHLY BREAST EXAM. AND TELL YOUR DOCTOR ABOUT YOUR FAMILY HISTORY.

THERE'S ALSO SOME EVIDENCE THAT MEN WHO'VE WORKED IN CERTAIN JOBS WHERE THEY'VE BEEN EXPOSED FOR MANY YEARS TO RADIATION HAVE A HIGHER RISK FOR BREAST CANCER.

FOR MORE INFORMATION ON BREAST CANCER RISK, EARLY SCREENING, AND TREATMENT, PLEASE CALL AND LISTEN TO OTHER MESSAGES IN THIS LIBRARY.

END OF SCRIPT

1. NABCO News, October 1992 and October 1994
2. Every Woman's Guide to Breast Cancer, Vickie Selzer, M.D., pp 180-182.
3. Breast Cancer: Reducing Your Risk, Mary Dan Eades, M.D., pp.3, 9, 13, 102-103.
4. The Susan G. Komen Breast Cancer Foundation brochure.

CANCER INFORMATION PROJECT

SCRIPT # 7

NEW DRAFT DATE: 3/29/95

EST. RECORDED TIME: 2.5 MINUTES

VOICE: FEMALE

ARE YOU AT RISK FOR GETTING BREAST CANCER?

THE TITLE OF THIS MESSAGE IS, ARE YOU AT RISK FOR GETTING FOR BREAST CANCER?

DID YOU KNOW THAT EVERY ONE OF US IS AT RISK OF GETTING BREAST CANCER? THE NATIONAL CANCER INSTITUTE SAYS ONE IN NINE AMERICAN WOMEN WILL GET IT SOMETIME IN HER LIFETIME. MEN CAN ALSO GET BREAST CANCER -- WE SEE ABOUT A THOUSAND NEW CASES IN MEN EACH YEAR.

BREAST CANCER IS ON THE RISE IN AMERICA -- WITH MORE CASES TODAY THAN THERE WERE 20 YEARS AGO. THE GOOD NEWS IS THAT WITH EARLY DETECTION, THE CURE RATE IS HIGHER TOO.

WHILE THERE STILL IS ALOT WE DON'T KNOW ABOUT BREAST CANCER RISK, HERE'S WHAT WE DO KNOW:

-- YOU'RE AT GREATER RISK IF IT'S IN YOUR FAMILY, ESPECIALLY IF YOUR MOTHER OR SISTER HAD IT. YOU'RE ALSO AT RISK IF MEN IN YOUR FAMILY HAVE HAD PROSTATE OR BREAST CANCER OR IF WOMEN HAVE HAD OVARIAN CANCER. TO FIND OUT YOUR OWN PERSONAL RISK, GET YOUR DOCTOR TO TAKE YOUR COMPLETE MEDICAL HISTORY.

THINK YOU'RE OFF THE HOOK IF THERE'S NO BREAST CANCER IN YOUR FAMILY??? NOT SO. MOST WOMEN WHO GET BREAST CANCER HAVE NO FAMILY HISTORY OF THE DISEASE. FOR EXAMPLE,

-- YOUR RISK GETS HIGHER THE OLDER YOU GET. A WOMAN'S CHANCES OF GETTING BREAST CANCER ARE MUCH HIGHER AT AGE 80 THAN AT AGE 40.

-- YOU'RE AT GREATER RISK IF YOU'VE NEVER HAD CHILDREN. OR IF YOU'VE DELAYED HAVING CHILDREN UNTIL AFTER AGE 30.

-- YOU'RE AT GREATER RISK IF YOUR PERIODS STARTED EARLY -- LIKE BEFORE AGE 12 -- AND ENDED LATE -- LIKE AFTER 55.

-- YOU'RE AT RISK IF YOU'RE OVERWEIGHT. THIS AND LARGE BODY SIZE ARE LINKED WITH BREAST CANCER AFTER MENOPAUSE. SO IS DRINKING ALCOHOL, NOT GETTING ENOUGH PHYSICAL EXERCISE, AND OTHER LIFESTYLE HABITS.

-- A STRONG LINK TO THE FEMALE HORMONE, ESTROGEN, CONTINUES TO RAISE CONCERNS FOR SOME WOMEN TAKING BIRTH CONTROL PILLS OR TAKING HORMONE REPLACEMENT THERAPY AFTER MENOPAUSE.

NOW THE GOOD NEWS...ALTHOUGH THERE ARE CERTAIN FACTORS THAT RAISE YOUR RISK OF GETTING BREAST CANCER, EARLY DETECTION MAKES THIS DISEASE ABOUT 90% CURABLE. SO ACT NOW TO FIND OUT YOUR RISKS AND TAKE STEPS TO KEEP IN GOOD HEALTH. (STOP)

YOU CAN HEAR MORE INFORMATION ABOUT RISK FACTORS BY ANSWERING FOUR QUESTIONS RIGHT NOW. LISTEN TO THE FOUR QUESTIONS AND PRESS A NUMBER FOR THE ONE YOU WANT TO HEAR:

-- DO YOU HAVE A FAMILY HISTORY OF BREAST CANCER? PRESS 1 IF YOU DO.

- ARE YOU TAKING BIRTH CONTROL PILLS NOW? PRESS 2 IF YOU ARE.
- ~~ARE YOU ON HORMONE REPLACEMENT THERAPY FOR MENOPAUSE?~~
~~PRESS 3 IF YOU ARE.~~
- AND IF YOU WANT TO LEARN MORE ABOUT LIFESTYLE RISKS, PRESS 4
NOW.

END OF SCRIPT

1. BREAST CANCER - THE COMPLETE GUIDE
2. UNDERSTANDING BREAST CANCER RISK
3. NEWS BRIEFS, NABCO NEWS, VOL 6(4) P.2 (OCTOBER 1992)

CANCER INFORMATION PROJECT

SCRIPT # 7 (BRANCH 1)

DRAFT DATE: 3/29/95

EST. RECORD TIME: 2.5 MINUTES

VOICE: MALE/FEMALE

DO GENETICS AND FAMILY HISTORY PLAY A ROLE?

THE TITLE OF THIS MESSAGE IS, DO GENETICS AND FAMILY HISTORY PLAY A ROLE IN GETTING BREAST CANCER?

THE ANSWER IS, "YES, THEY CAN." IF THERE'S A HISTORY OF BREAST CANCER IN YOUR FAMILY -- ESPECIALLY WITH YOUR MOTHER OR SISTER -- YOU HAVE A HIGHER RISK OF GETTING THE DISEASE YOURSELF. IN FACT, YOU HAVE 3 TIMES THE RISK OF GETTING IT COMPARED TO A WOMAN WITH NO FAMILY HISTORY.

BECAUSE SOME BREAST CANCERS RUN IN FAMILIES THERE'S BEEN A LOT OF RESEARCH ON FINDING A GENETIC LINK. AND STUDIES ARE SHOWING NOT ONE BUT SEVERAL GENES THAT CAUSE CERTAIN BREAST AND OVARIAN CANCERS IN WOMEN FAMILY MEMBERS -- AND BREAST AND OTHER KINDS OF CANCER IN THEIR MALE RELATIVES. (1)(2)

THIS MEANS THAT WHEN YOU LOOK AT BREAST CANCER -- FAMILY HISTORY OF OVARIAN CANCER, PROSTATE CANCER, OR OTHER CANCERS SHOULD ALSO BE REVIEWED.

BREAST CANCER THAT RUNS IN FAMILIES ALSO SEEMS TO SHOW UP AT A YOUNGER AGE. BETWEEN 30 AND 34 YEARS OLD IS NOT UNCOMMON; SOME FAMILY RELATED BREAST CANCERS OCCUR IN WOMEN IN THEIR EARLY TO MID-TWENTIES.

SOME DAY DOCTORS HOPE TO BE ABLE TO TEST WOMEN FOR THE "CANCER" GENE THAT RUNS IN FAMILIES. BUT UNTIL THEN, IF YOU HAVE A FAMILY HISTORY OF THE DISEASE, YOU CAN TAKE POSITIVE STEPS AT AN EARLY AGE.

ONE IMPORTANT PREVENTION STRATEGY FOR YOUNGER WOMEN WITH A FAMILY HISTORY OF BREAST CANCER IS TO EXERCISE ALOT, TRY TO STAY WITHIN YOUR RECOMMENDED WEIGHT, AND EAT A LOW-FAT DIET. THESE STEPS HELP LOWER THE LEVEL OF THE FEMALE HORMONE, ESTROGEN, IN YOUR BODY. AND WE KNOW THAT ESTROGEN IS LINKED TO BREAST CANCER.

NEW DRUGS ARE BEING USED TO TREAT YOUNG WOMEN TO HELP LOWER THE ESTROGEN IN THEIR BODIES. ASK YOUR DOCTOR ABOUT THESE NEW DRUGS.

IF YOU HAVE A FAMILY HISTORY, YOU SHOULD EXAMINE YOUR BREASTS AT LEAST ONCE A MONTH, WITHOUT FAIL! GET A PHYSICAL BREAST EXAM TWICE A YEAR. IN SOME CASES YOUR DOCTOR MAY RECOMMEND THAT YOU GET A MAMMOGRAM STARTING AT AN EARLIER AGE THAN MOST WOMEN.

YOU CAN TAKE POSITIVE STEPS NOW TO LEARN AS MUCH AS YOU CAN ABOUT FAMILY-CAUSED BREAST CANCER AND HOW TO LOOK FOR IT. (STOP)

FOR INFORMATION ON OTHER BREAST CANCER RISKS, LISTEN TO THE FOLLOWING OPTIONS AND MAKE A SELECTION:

-- TO LEARN ABOUT BIRTH CONTROL PILLS AND CANCER RISK, PRESS 1.

CANCER INFORMATION PROJECT

SCRIPT # 7 (BRANCH # 2)

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 2.25 MINUTES

VOICE: MALE/FEMALE

BREAST CANCER, THE PILL, AND MENOPAUSE TREATMENT

THE TITLE OF THIS MESSAGE IS BREAST CANCER, THE PILL, AND MENOPAUSE TREATMENT.

SO, WHAT ABOUT BIRTH CONTROL PILLS? DO THEY PUT A WOMAN AT HIGHER RISK FOR GETTING BREAST CANCER?

WE STILL DON'T KNOW FOR SURE. MOST STUDIES DO NOT SHOW A LINK BETWEEN TAKING THE PILL AND LATER DEVELOPING BREAST CANCER. BUT A 1989 STUDY REVEALED THAT SOME WOMEN WHO'VE TAKEN THE PILL FOR 10 YEARS OR MORE HAVE A HIGHER RATE OF BREAST CANCER. SO THE VERDICT IS STILL OUT. WE JUST AREN'T SURE.

YES, THERE IS A DIRECT LINK BETWEEN THE HORMONE ESTROGEN AND BREAST CANCER. AND ESTROGEN IS IN BIRTH CONTROL PILLS. WHILE ESTROGEN DOESN'T CAUSE CANCER, IT DOES MAKE CANCER CELLS GROW FASTER IN YOUR BODY.

IF YOU'RE ON THE PILL NOW, THE GOOD NEWS IS THAT THE ESTROGEN LEVEL IS MUCH LOWER TODAY THAN IT WAS 10 OR 20 YEARS AGO. HOWEVER, IF YOU THINK YOU HAVE ANY OTHER RISK FACTORS FOR BREAST CANCER, ASK A DOCTOR WHAT YOU SHOULD DO.

AND WHAT ABOUT ESTROGEN REPLACEMENT THERAPY FOR POST-MENOPAUSAL WOMEN? THIS THERAPY RELIEVES HOT FLASHES, VAGINAL DRYNESS, AND ALSO HELPS STOP BONE LOSS THAT CAN LEAD TO BRITTLE BONES IN OLD AGE. ITS BIGGEST BENEFIT IS IN LOWERING YOUR RISK OF HEART DISEASE.

DID YOU KNOW HEART DISEASE IS A MAJOR KILLER AMONG OLDER WOMEN? SIXTY-FIVE PERCENT OF ALL DEATHS FOR WOMEN OVER 65 ARE DUE TO HEART DISEASE, WHILE BREAST CANCER CAUSES ONLY TWO PERCENT OF DEATHS.

SEVERAL STUDIES SUGGEST THAT ESTROGEN THERAPY MAY RAISE A WOMAN'S RISK OF GETTING BREAST CANCER. IF YOU'RE THINKING ABOUT TAKING ESTROGEN, YOU SHOULD WEIGH ALL THE RISKS WITH YOUR DOCTOR. ARE YOU AT GREATER RISK FOR GETTING BRITTLE BONES OR HEART DISEASE WITHOUT ESTROGEN? ARE YOUR MENOPAUSAL SYMPTOMS SEVERE ENOUGH TO AFFECT THE QUALITY OF YOUR LIFE?

YOU AND A DOCTOR -- TOGETHER -- CAN WEIGH ALL THE FACTORS TO MAKE A DECISION THAT'S RIGHT FOR YOU. ARMED WITH THE RIGHT INFORMATION, YOU CAN CONTROL WHAT HAPPENS TO YOU. (STOP)

FOR MORE INFORMATION ABOUT BREAST CANCER RISK, PLEASE LISTEN TO THE FOLLOWING OPTIONS AND MAKE A SELECTION:

-- FOR FAMILY HISTORY AND BREAST CANCER RISK, PRESS 1.

-- FOR LIFESTYLE AND BREAST CANCER RISK, PRESS 2.

END OF SCRIPT

1. BREAST CANCER AND OVARIAN CANCER: BEATING THE ODDS, M. M. KEMENY, MD AND PAULA DRANOV
2. BREAST CANCER: THE COMPLETE GUIDE. YASHAR HIRSHAUT, MD AND PETER PRESSMAN, MD.

CANCER INFORMATION PROJECT

SCRIPT # 7 (BRANCH #3)

NEW DRAFT DATE: 3/29/95

EST. RECORD TIME: 2 MINUTES

VOICE: FEMALE

YOUR LIFESTYLE AND HOW IT AFFECTS BREAST CANCER RISK

THE TITLE OF THIS MESSAGE IS "YOUR LIFESTYLE AND HOW IT AFFECTS BREAST CANCER RISK."

DID YOU KNOW THAT HOW YOU CHOOSE TO LIVE IN YOUR TEENS, TWENTIES, AND THIRTIES -- AND EVEN YOUR FORTIES -- CAN AFFECT YOUR RISK FOR GETTING BREAST CANCER IN LATER LIFE.

WE'VE KNOWN FOR A LONG TIME THAT WOMEN WHO BECOME FAT PUT THEMSELVES AT HIGHER RISK FOR GETTING BREAST CANCER AFTER MENOPAUSE.

THERE'S ALSO SOME EVIDENCE THAT EATING A HIGH-CALORIE, HIGH-FAT DIET PUTS YOU AT HIGHER RISK. THIS IS BAD NEWS FOR AMERICAN WOMEN, BECAUSE MOST OF US HAVE FAR TOO MUCH FAT AND SUGAR IN OUR DIETS. MANY OF US ALSO AREN'T GETTING ENOUGH OF THE RIGHT KINDS OF FOODS. FOR EXAMPLE, NEW STUDIES SHOW THAT LACK OF VITAMIN A, C, OR E, AND LACK OF FIBER IN OUR DIETS PUT US AT HIGHER RISK.

DRINKING ALCOHOL OVER A LONG PERIOD OF TIME -- EVEN IN MODERATION -- HAS ALSO BEEN LINKED TO BREAST CANCER. SO HOW MUCH IS TOO MUCH? WELL, THAT DEPENDS... THERE'S NO ONE RULE OF THUMB. BUT TO BE SAFE, DRINK IN MODERATION -- OR NOT AT ALL.

THERE'S ALSO NEW EVIDENCE THAT LACK OF PHYSICAL EXERCISE INCREASES YOUR RISK OF GETTING BREAST CANCER. IN FACT, YOUNG WOMEN WHO WERE ATHLETES DURING COLLEGE HAVE LOWER RATES OF BREAST CANCER IN LATER YEARS THAN DO WOMEN WHO GOT LITTLE OR NO EXERCISE IN THEIR TEENAGE YEARS AND TWENTIES.

WHAT DOES ALL THIS MEAN FOR YOU? WELL, YOU CAN TAKE SIMPLE STEPS TO LOWER YOUR CHANCES OF GETTING BREAST CANCER.

FIRST, EXAMINE YOUR BREASTS EVERY MONTH TO CHECK FOR LUMPS OR OTHER CHANGES. SECOND, GET A YEARLY CHECKUP THAT INCLUDES A PHYSICAL BREAST EXAM. THIRD, BEGINNING AT AGE 50, GET A MAMMOGRAM EVERY ONE OR TWO YEARS. AND FOURTH, MAKE HEALTHY CHOICES ABOUT WHAT YOU EAT AND DRINK AND HOW YOU LIVE. (STOP)

FOR INFORMATION ON OTHER BREAST CANCER RISK FACTORS, LISTEN TO THE FOLLOWING OPTIONS AND MAKE A SELECTION:

- FOR FAMILY HISTORY AND BREAST CANCER, PRESS 1.
- FOR INFORMATION ON BIRTH CONTROL PILLS AND CANCER RISK, PRESS 2.
- FOR INFORMATION ON HORMONE REPLACEMENT THERAPY AND CANCER RISK, PRESS 3.

END OF SCRIPT

-- FOR LIFESTYLE AND BREAST CANCER RISK, PRESS 2.

END OF SCRIPT

1. BREAST CANCER AND OVARIAN CANCER: BEATING THE ODDS, M. M. KEMENY, MD AND PAULA DRANOV
2. BREAST CANCER: THE COMPLETE GUIDE. YASHAR HIRSHAUT, MD AND PETER PRESSMAN, MD.

CANCER INFORMATION PROJECT

SCRIPT #: 8

DRAFT DATE: 3/29/95

EST. RECORDED TIME: 2 MINUTES

VOICE:MALE/FEMALE

HOW TO LOWER YOUR RISK FOR GETTING BREAST CANCER

THE TITLE OF THIS MESSAGE IS, "HOW TO LOWER YOUR RISK FOR GETTING BREAST CANCER."

ALL WOMEN ARE AT SOME RISK FOR GETTING BREAST CANCER... THAT'S WHY IT'S SO IMPORTANT FOR YOU TO TAKE PERSONAL RESPONSIBILITY FOR YOUR HEALTH. BY THIS, I MEAN YOU SHOULD EXAMINE YOUR OWN BREASTS EVERY MONTH TO SEE IF THERE ARE ANY LUMPS OR CHANGES, GET A MEDICAL CHECKUP INCLUDING A PHYSICAL BREAST EXAM AT LEAST ONCE A YEAR, AND, IF YOU'RE OVER 50, GET A MAMMOGRAM EVERY ONE OR TWO YEARS.

OF COURSE SOME WOMEN HAVE TO BE MORE CONCERNED THAN OTHERS. FOR EXAMPLE, YOU ARE AT HIGHER RISK THE OLDER YOU GET. IN FACT, AGE IS THE BIGGEST RISK FACTOR. WE ALSO KNOW THAT WOMEN WITH A FAMILY HISTORY OF BREAST CANCER HAVE A GREATER CHANCE OF GETTING THE DISEASE -- ESPECIALLY IF THEIR SISTER OR MOTHER HAD IT.

BREAST CANCER RISK ALSO INCREASES IF YOU STARTED YOUR PERIOD EARLY, HAVE NEVER HAD CHILDREN OR HAD CHILDREN AFTER AGE 30, OR KEPT HAVING PERIODS IN YOUR MID FIFTIES.

THESE ARE RISK FACTORS YOU CAN'T CONTROL FOR THE MOST PART. THAT'S WHY SCREENING AND EARLY DETECTION ARE SO IMPORTANT.

BUT THERE ARE OTHER AREAS WHERE YOU CAN TAKE STEPS TO LOWER YOUR BREAST CANCER RISK. FOR EXAMPLE, WE KNOW THE RISK IS HIGHER FOR WOMEN WHO ARE OVERWEIGHT, GET LITTLE OR NO EXERCISE, EAT FOODS WITH A LOT OF FAT IN THEM, OR DRINK ALCOHOL. SO, BEGIN NOW TO MAKE BETTER CHOICES ABOUT HOW YOU EAT AND LIVE. MAKE SURE YOUR DIET HAS PLENTY OF FRESH FRUIT AND VEGETABLES, CUT OUT FATTY FOODS AS MUCH AS YOU CAN, AND DRINK ALCOHOL ONLY IN MODERATION... OR DON'T DRINK AT ALL. ALSO TRY TO EXERCISE REGULARLY AND KEEP YOUR WEIGHT DOWN. (STOP)

IF YOU WANT MORE INFORMATION RIGHT NOW ON DIET AND BREAST CANCER, PRESS ONE. AND IF YOU WANT TO KNOW MORE ABOUT HOW REGULAR EXERCISE CAN HELP LOWER YOUR RISK, PRESS 2, NOW.

END OF SCRIPT

SOURCES:

1. UNDERSTANDING BREAST CANCER RISK

CANCER INFORMATION PROJECT

SCRIPT #: 8 (BRANCH #1)

DRAFT DATE:3/29/95

EST. RECORDING TIME: 2.5 MINUTES

VOICE:FEMALE

ROLE OF DIET

THE TITLE OF THIS MESSAGE IS THE "ROLE OF DIET."

EXPERTS ARE FINDING THAT CANCER RISK MAY BE AFFECTED BY WHAT WE PUT IN OUR BODY. SOME RESEARCHERS ESTIMATE AT LEAST 35 PERCENT OF ALL CANCER DEATHS IN THE UNITED STATES ARE RELATED TO DIET.

THE BIGGEST CULPRIT IN AMERICAN DIETS IS FAT -- MOST OF US EAT FAR TOO MUCH OF IT. FOODS HIGH IN FAT INCLUDE: EGGS, MILK, CHEESE ,ICE CREAM, FRIED FOODS, PASTRIES ,COOKIES AND MARBLED MEATS LIKE BEEF. OTHER NO NOs ARE PICKLED OR SALT CURED FOODS AND SMOKED MEATS BECAUSE THEY HAVE CANCER-CAUSING AGENTS IN THEM CALLED "CARCINOGENS". DRINKING ALCOHOL HAS ALSO BEEN LINKED TO BREAST CANCER, SO ONLY DRINK IN MODERATION, IF AT ALL!

A GOOD, HEALTHY DIET HAS LOTS MORE FRUITS, VEGETABLES, BEANS, SEEDS, AND GRAINS. THESE FOODS HAVE NUTRIENTS AND OTHER STUFF THAT MAY HELP YOUR BODY FIGHT CANCER.

CANCER INFORMATION PROJECT

SCRIPT #:8 (BRANCH #2)

DRAFT DATE:3/29/95

EST. RECORDING TIME:1.0 MINUTES

VOICE: FEMALE

ROLE OF EXERCISE

THE TITLE OF THIS MESSAGE IS "THE ROLE OF EXERCISE."

EXERCISING IS ONE OF THE BEST THINGS WE CAN DO TO OUR BODIES. RESEARCH HAS SHOWN THAT REGULAR WEEKLY EXERCISE LOWERS BLOOD PRESSURE, TONES MUSCLES, HELPS OUR BODY FIGHT SICKNESS AND DISEASE.

IMPORTANT NEW RESEARCH SHOWS THAT GETTING REGULAR EXERCISE CAN REDUCE OUR RISK OF GETTING BREAST CANCER BEFORE MENOPAUSE BY MORE THAN 50 PERCENT! AND, THIS IS ESPECIALLY TRUE FOR WOMEN WHO GOT REGULAR AEROBIC EXERCISE IN THEIR TEENS AND TWENTIES. .

APPARENTLY, THIS KIND OF EXERCISE LOWERS THE ESTROGEN IN OUR BODIES. FOR EXAMPLE, IT MAKES OUR PERIODS SHORTER AND THERE IS A LINK BETWEEN ESTROGEN LEVELS AND BREAST CANCER. TO BE EFFECTIVE, THE AEROBIC EXERCISE SHOULD BE VIGOROUS, --JOGGING, SWIMMING, OR USING A STAIRMASTER -- FOR ABOUT FOUR HOURS A WEEK OR MORE. BUT EVEN WOMEN WHO ARE ACTIVE ONE TO THREE HOURS A WEEK CAN BENEFIT. THIS NEW DISCOVERY HELPS MAKE ONE OF THE STRONGEST CASES FOR WOMEN GETTING REGULAR EXERCISE.

ALSO, WE NEED VITAMINS, SUCH AS "A", AND "C" IN OUR DIET IF WE WANT TO BEAT CANCER. VITAMIN "A", WHICH IS FOUND IN LIVER, EGGS, DARK GREEN VEGETABLES, DAIRY PRODUCTS AND ORANGE FRUITS, HELPS OUR BODIES GROW, REPAIR BODY TISSUES, AND IMPROVES OUR BONES, TEETH AND NIGHT VISION. VITAMIN "C", WHICH IS FOUND IN FRUITS, LIKE MELONS, BERRIES AND VEGETABLES, HELPS US HEAL WOUNDS AND STRENGTHEN BLOOD VESSELS.

CHANGING YOUR DIET TO INCLUDE HEALTHY FOODS AND VITAMINS IS MORE THAN A WAY TO PREVENT CANCER, ITS A HEALTHY WAY TO LIVE. BUT MOST IMPORTANTLY, IT WILL GIVE YOU A SENSE OF WELL BEING FROM KNOWING THAT YOUR RISK OF CANCER MAY BE LOWERED.

FOR MORE INFORMATION ABOUT BREAST CANCER PREVENTION, LISTEN TO OTHER MESSAGES IN THIS LIBRARY.

END OF SCRIPT

SOURCES:

- 1.UNDERSTANDING BREAST CANCER pp.61-63
- 2.YOUR DEFENSE AGAINST CANCER pp.37-50
- 3.DIET, NUTRITION AND CANCER PREVENTION: A GUIDE TO FOOD CHOICES pp.1-4
- 4.AMERICAN INSTITUTE FOR CANCER RESEARCH GUIDE O VITAMINS.

BESIDES THE PHYSICAL ADVANTAGES OF EXERCISING, HERE ARE SOME MENTAL ADVANTAGES AS WELL: INCREASING SELF CONFIDENCE. WHEN YOU FEEL GOOD, YOU FEEL AS THOUGH YOU CAN DO ANYTHING. RELEASING TENSION AND STRESS. DON'T LET STRESS BUILD UP INSIDE YOU. LET IT OUT. IT HAS ALSO BEEN KNOWN THAT EXERCISING RELAXES NOT ONLY THE BODY BUT MIND AS WELL.

EXERCISING ON A REGULAR BASIS MAKES YOUR DEFENSE AGAINST SICKNESS AND DISEASE STRONGER. EXERCISING MAY ALSO HELP YOU FEEL BETTER IF YOU'RE UNDERGOING CANCER TREATMENT. IF YOU WOULD LIKE MORE INFORMATION ON CANCER PREVENTION LISTEN TO THE OTHER MESSAGES IN THIS LIBRARY.

END OF SCRIPT

SOURCES:

1. YOUR DEFENSE AGAINST CANCER

CANCER INFORMATION PROJECT

SCRIPT #: 9

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 3:50 MINUTES

VOICE: FEMALE

BREAST EXAMINATION

THE TITLE OF THIS MESSAGE IS "BREAST EXAMINATION."

THERE ARE SEVERAL THINGS A WOMAN CAN DO TO DETECT ANY CHANGES, LUMPS OR THE POSSIBILITY OF BREAST CANCER. EXAMINING HER OWN BREASTS AND HAVING REGULARLY SCHEDULED CHECK-UPS WITH A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL ARE TWO VERY IMPORTANT ONES.

DID YOU KNOW THAT 75% OF ALL BREAST CANCERS ARE FOUND BY WOMEN WHO WERE GIVING THEMSELVES THEIR OWN BREAST-EXAM? THIS MEANS THAT IF SELF EXAMINATIONS ARE DONE REGULARLY, MORE WOMEN WOULD FIND SMALLER LUMPS AT EARLIER STAGES. THAT'S WHY EXAMINING YOUR OWN BREASTS IS SO IMPORTANT IN THE FIGHT AGAINST BREAST CANCER.

DOING A BREAST SELF-EXAM IS HARMLESS, EASY AND CAN BE DONE IN THE PRIVACY OF YOUR OWN HOME. HERES HOW: FIRST, STAND IN FRONT OF A MIRROR AND LOOK AT EACH BREAST.

WHILE STANDING THERE, CLASP YOUR HANDS BEHIND YOUR HEAD AND PRESS YOUR HANDS FORWARD ON THE BACK OF YOUR HEAD. NEXT, MOVE YOUR HANDS TO YOUR HIPS AND LEAN SLIGHTLY FORWARD. LOOK IN THE MIRROR AND EXAMINE BOTH BREASTS FOR ANY CHANGE IN SIZE, SHAPE OR TEXTURE AND ANY DISCHARGE FROM YOUR NIPPLES. THE NEXT PART IS EASILY DONE WHILE YOU TAKE A SHOWER OR BATH. THE LATHER FROM THE SOAP ON YOUR HANDS AND BREAST WILL HELP YOU TO SENSE ANY ABNORMAL TISSUE. LIFT YOUR LEFT ARM THEN WITH THREE FINGERS ON THE RIGHT HAND, PRESS AGAINST THE LEFT BREAST. START AT THE OUTER PORTION OF THE BREAST, MOVING YOUR FINGERS IN SMALL CIRCLES AROUND THE BREAST, GRADUALLY WORKING TOWARD THE CENTER. THE FINGERS ARE FEELING FOR LUMPS OR POSSIBLE TUMORS. REPEAT THE PROCESS USING THE RIGHT ARM RAISED WITH THE LEFT HAND CONDUCTING THE EXAMINATION. ONCE THIS PORTION OF THE EXAMINATION IS COMPLETE, SQUEEZE BOTH NIPPLES AND LOOK FOR ANY DISCHARGE. THE FINAL PORTION OF THE SELF-EXAM IS TO LAY DOWN FLAT ON YOUR BACK AND FOLLOW THE SAME STEPS OF RAISING ONE ARM THEN THE OTHER WHILE FEELING FOR LUMPS OR TUMORS IN THE BREAST.

THE MORE YOU EXAMINE YOUR BREASTS, THE BETTER YOU GET AT IT. WHEN YOU GET TO KNOW HOW YOUR BREASTS NORMALLY FEEL, YOU'LL FIND IT EASY TO NOTICE IF AND WHEN THEY FEEL DIFFERENT.

GIVING YOURSELF A BREAST-EXAM IS NOT ENOUGH, THOUGH. GETTING A BREAST EXAM BY A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL IS JUST AS IMPORTANT. WOMEN UNDER AGE 35 SHOULD HAVE A CLINICAL BREAST-EXAM EVERY THREE YEARS, AND THEN, BEGINNING AT AGE 35, EVERY YEAR. IT MAY EVEN BE MORE OFTEN DEPENDING ON YOUR MEDICAL OR FAMILY HISTORY. THIS EXAM CAN BE DONE DURING VISITS FOR ILLNESS OR WHEN YOU HAVE A PELVIC EXAM AND PAP SMEAR.

A BREAST SELF-EXAM AND REGULARLY SCHEDULED CHECK-UPS COULD SAVE YOUR BREAST AND YOUR LIFE.

WOMEN WHO ARE 50 AND OLDER ARE ENCOURAGED TO HAVE A MAMMOGRAM EVERY YEAR. A MAMMOGRAM IS AN X-RAY OF YOUR BREASTS AND IT CAN SHOW A LUMP THAT'S TOO SMALL TO FEEL. IT'S IMPORTANT TO REMEMBER THAT SOME LUMPS CAN'T BE FOUND THROUGH A MAMMOGRAM AND THAT EVERY LUMP FOUND IN A BREAST IS NOT CANCER.

IF YOU WOULD LIKE TO HEAR MORE INFORMATION ON CANCER PREVENTION LISTEN TO OTHER MESSAGES IN THIS LIBRARY. (STOP)

IF YOU WANT PRINTED MATERIAL ON HOW TO DO A BREAST SELF-EXAM, PRESS 3 NOW.

END OF SCRIPT

SOURCES:

1. UNDERSTANDING BREAST CANCER RISK
2. HOW TO DO BREAST SELF EXAMINATION PAMPHLET, BY AMERICAN CANCER SOCIETY

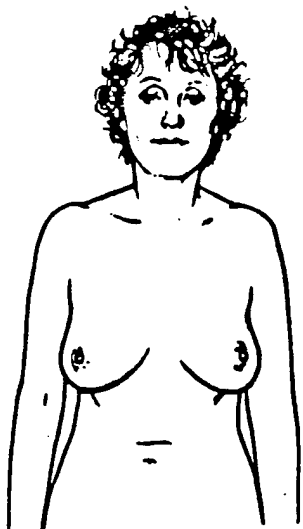
BREAST CANCER: PREVENTION THROUGH EARLY DETECTION

Breast Self-Examination (BSE)

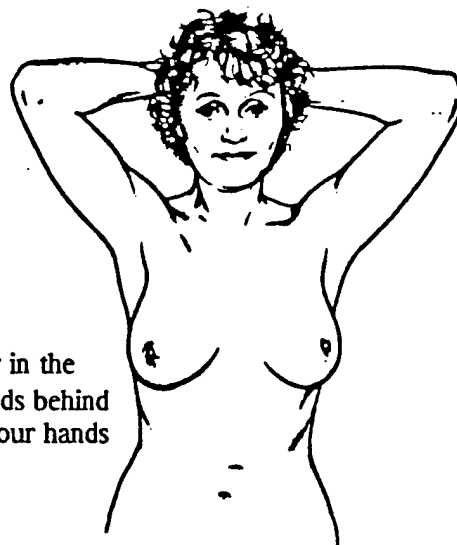
Here is one way to do a BSE:

1 ■ Stand before a mirror. Check both breasts for anything unusual. Look for a discharge from the nipples, puckering, dimpling, or scaling of the skin.

The next two steps are done to check for any change in the shape or contour of your breasts. As you do them, you should be able to feel your chest muscles tighten.

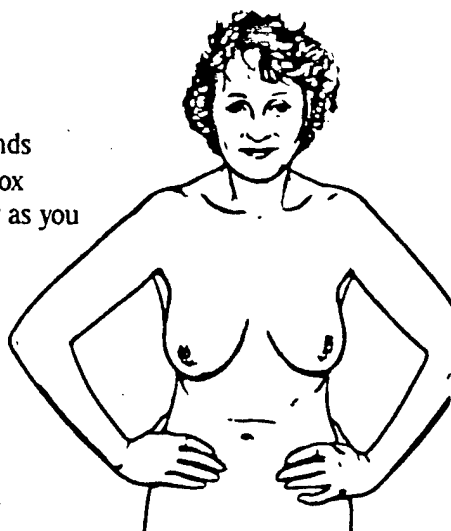


2 ■ Watching closely in the mirror, clasp your hands behind your head and press your hands forward.

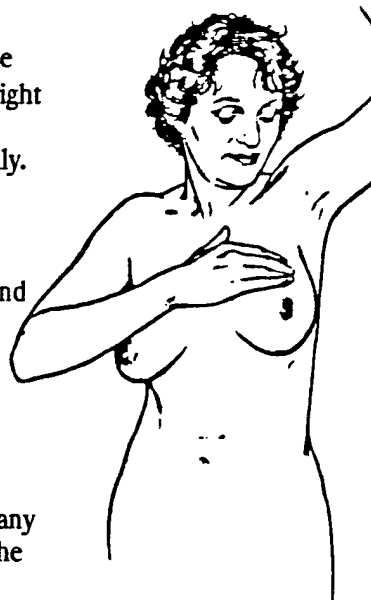


3 ■ Next, press your hands firmly on your hips and box slightly toward the mirror as you pull your shoulders and elbows forward.

Some women do the next part of the exam in the shower. Your fingers will glide easily over soapy skin, so you can concentrate on feeling for changes inside the breast.

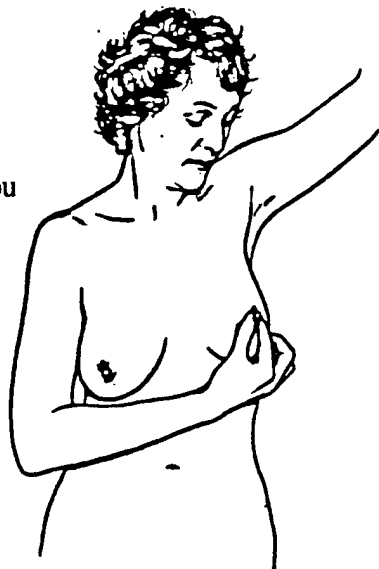


4 ■ Raise your left arm. Use three or four fingers of your right hand to feel your left breast firmly, carefully, and thoroughly. Beginning at the outer edge, press the flat part of your fingers in small circles, moving the circles slowly around the breast. Gradually work toward the nipple. Be sure to cover the whole breast. Pay special attention to the area between the breast and the underarm, including the underarm itself. Feel for any unusual lump or mass under the skin.

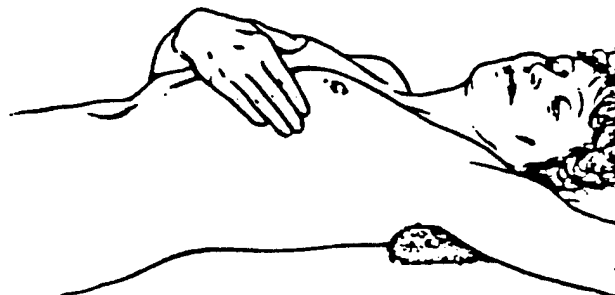


Breast Self-Examination (BSE) - Continued

5 ■ Gently squeeze the nipple and look for a discharge. (If you have any discharge during the month – whether or not it is during BSE – see your doctor.) Repeat the exam on your right breast.



6 ■ Steps 4 and 5 should be repeated lying down. Lie flat on your back, with your left arm over your head and a pillow or folded towel under your left shoulder. This position flattens the breast and makes it easier to check it. Use the same circular motion described above. Repeat on your right breast.



Breast Self Examination Chart
U.S. Department of Health and
Human Services

NATIONAL INSTITUTES OF HEALTH

II-94

CANCER INFORMATION PROJECT

SCRIPT #10

DRAFT DATE: 3/29/95

EST. RECORD TIME: 2.75 MINUTES

VOICE: FEMALE

ALL ABOUT MAMMOGRAMS

THE TITLE OF THIS MESSAGE IS "ALL ABOUT MAMMOGRAMS."

A MAMMOGRAM IS AN X-RAY PICTURE OF YOUR BREAST. MAMMOGRAMS ARE USED TO DETECT THE PRESENCE OF CANCER. A MAMMOGRAM CAN FIND A TUMOR THAT'S TOO SMALL TO FEEL.

THE EXAM IS SIMPLE. A TECHNICIAN PUTS ONE OF YOUR BREASTS BETWEEN TWO PLATES ON AN X-RAY MACHINE AND FLATTENS IT SLIGHTLY BETWEEN THE PLATES. THIS DOESN'T HURT BUT CAN FEEL UNCOMFORTABLE. AND, COUNT ON THE METAL PLATES FEELING COLD -- BRRRR -- IT'S YOUR FIRST IMPRESSION OF EVERY MAMMOGRAM. THE TECHNICIAN WILL TAKE TWO PICTURES OF EACH BREAST -- ONE FROM THE TOP AND ONE FROM THE SIDE. THIS ONLY TAKES A FEW MINUTES.

THEN A RADIOLOGIST GOES OVER YOUR X-RAYS INCH BY INCH WITH A MAGNIFYING LENS TO LOOK FOR ANY ABNORMAL AREAS. THE RADIOLOGIST WILL COMPARE THE X-RAYS TO YOUR PREVIOUS MAMMOGRAM TO SEE IF THERE ARE CHANGES.

AND WHAT ABOUT THE RADIATION YOU GET FROM THE SCREENING MAMMOGRAM? YOU MIGHT WONDER IF THOSE X-RAYS ARE DANGEROUS. WELL, TODAY'S MAMMOGRAMS PRODUCE A LOT LESS RADIATION THAN THEY USED TO, SO YOU ARE IN NO DANGER. IN FACT, YOU GET MORE RADIATION FROM YOUR EVERYDAY ENVIRONMENT.

AND WHAT IF THE RADIOLOGIST SEES SOMETHING ON YOUR X-RAY?
HE MAY RECOMMEND A BIOPSY EVEN IF CHANCES OF YOUR HAVING CANCER
ARE SMALL. EIGHTY PERCENT OF ALL BIOPSIES SHOW NO CANCER. HAVING
A BIOPSY IS THE ONLY WAY TO KNOW IF IT IS CANCER.

REMEMBER -- MAMMOGRAMS AREN'T FOOL PROOF. THEY CAN MISS
SOME BREAST CANCERS. BUT THEY'RE STILL THE BEST DEFENSE WE HAVE
FOR DETECTING BREAST CANCER EARLY. AND IF IT'S CAUGHT EARLY, THAT
MEANS YOU HAVE MORE TREATMENT CHOICES.

IN FACT, IF ALL OF US FOLLOWED MAMMOGRAM SCREENING
GUIDELINES, WE COULD LOWER BREAST CANCER DEATHS BY 30 PERCENT.
SO GETTING A MAMMOGRAM CAN SAVE YOUR LIFE!

WHERE CAN YOU GET A MAMMOGRAM? USUALLY THROUGH A
DOCTOR'S REFERRAL. BUT ALSO AT A LOCAL HOSPITAL, HEALTH CLINIC, OR
EVEN A MOBILE VAN. THE COST CAN VARY. IF YOU CAN'T AFFORD IT,
LOCAL ORGANIZATIONS AND WOMEN'S GROUPS CAN REFER YOU TO LOW
COST OR FREE SERVICES. (STOP)

TO LEARN MORE ABOUT WHEN TO GET A MAMMOGRAM, PRESS 1 AT
THE END OF THIS MESSAGE.

TO FIND OUT WHERE YOU CAN GET A MAMMOGRAM IN YOUR
COMMUNITY, PRESS 2 AT THE END OF THIS MESSAGE.

END OF SCRIPT

1. HOW TO GET THE BEST MAMMOGRAM, FLORA DAVIS. IN WORKING WOMAN, 10/94.
2. QUESTIONS & ANSWERS ABOUT MAMMOGRAPHY AND BREAST CANCER. NCI PUB. 11/91.
3. QUESTIONS & ANSWERS ABOUT MAMMOGRAPHY. AMERICAN CANCER SOCIETY.

CANCER INFORMATION PROJECT

SCRIPT #10 (BRANCH #1)

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 1.0 MINUTES

VOICE: MALE WITH GOOD BEDSIDE MANNER

WHEN DO YOU GET A MAMMOGRAM?

THE TITLE OF THIS MESSAGE IS, "WHEN DO YOU GET A MAMMOGRAM?" WELL, THE ANSWER IS, "IT DEPENDS!" MAMMOGRAMS ARE USED TO DETECT CANCER. A MAMMOGRAM CAN FIND A TUMOR THAT'S TOO SMALL TO FEEL.

WHEN YOU SHOULD GET A MAMMOGRAM DEPENDS ON YOUR AGE ... AND ALOT OF OTHER FACTORS. THE NATIONAL CANCER INSTITUTE RECOMMENDS THAT BEGINNING AT AGE 50, WOMEN SHOULD GET A MAMMOGRAM EVERY ONE OR TWO YEARS. FOR WOMEN WITH A PERSONAL HISTORY OF BREAST CANCER, MAMMOGRAMS SHOULD BE ENCOURAGED ANNUALLY. WOMEN IN THEIR 40'S SHOULD DISCUSS WITH THEIR DOCTOR WHEN TO BEGIN HAVING SCREENING MAMMOGRAMS.

KEEP IN MIND, A MAMMOGRAM IS STILL THE MOST EFFECTIVE WAY TO SCREEN FOR BREAST CANCER. (STOP)

TO FIND OUT WHERE TO GET A MAMMOGRAM IN YOUR COMMUNITY, PRESS 2 AT THE END OF THIS MESSAGE.

END OF SCRIPT

SOURCES

1. NATIONAL WOMEN'S HEALTH NETWORK: "MAMMOGRAPHY IN WOMEN BEFORE MENOPAUSE" ARTICLE, 4/93.
2. NABCO NEWS, "NCI WITHDRAWS SCREENING GUIDELINES," VOL.VIII,#1.

CANCER INFORMATION PROJECT

SCRIPT #: 10 (BRANCH #2)

DRAFT DATE: 3/29/95

EST. RECORDED TIME: 2.25 MINUTES

VOICE: FEMALE

MAMMOGRAM SERVICES

THE TITLE OF THIS MESSAGE IS "MAMMOGRAM SERVICES."

TO FIND OUT WHERE YOU CAN GET A MAMMOGRAM, ASK YOUR DOCTOR OR NURSE.

IF COST IS A CONCERN, YOU SHOULD KNOW THAT MOST INSURANCE PLANS COVER THE COST OF SCREENING MAMMOGRAMS. MEDICARE AND MEDICAID ALSO COVER THE COST OF SOME MAMMOGRAMS. HEALTH DEPARTMENT CLINICS, THE AMERICAN CANCER SOCIETY AND THE YWCA'S ENCORE PLUS PROGRAMS OFFER LOW-COST OR FREE MAMMOGRAM SERVICES.

A LIST OF FREE OR LOW COST MAMMOGRAM SERVICES IN BALTIMORE CITY, ANNE ARUNDEL, BALTIMORE, CARROLL, HARFORD AND HOWARD COUNTIES WILL FOLLOW. HAVE PEN AND PAPER READY TO WRITE DOWN THE LOCATIONS NEAR YOU.

IN ANNE ARUNDEL COUNTY, THE ANNE ARUNDEL COUNTY HEALTH DEPARTMENT CAN ARRANGE MAMMOGRAM SERVICES FOR CLIENTS, CALL 222-7023. AREA HOSPITALS ALSO PROVIDE THESE SERVICES. CALL ANNE ARUNDEL MEDICAL SYSTEM AT 224-5770 OR NORTH ARUNDEL HOSPITAL AT 787-4370.

IN BALTIMORE CITY, MAMMOGRAM SERVICES ARE OFFERED AT SEVERAL AREA HOSPITALS. CALL THE FOLLOWING, TO SCHEDULE AN APPOINTMENT; FRANKLIN SQUARE HOSPITAL AT 682-7406; JOHNS HOPKINS BREAST CLINIC AT 955-4851; HARBOR HOSPITAL AT 347-3383; OR UNIVERSITY OF MARYLAND HOSPITAL AT 328-5196. GRIFFIN RADIOLOGY ASSOCIATES, A PRIVATE COMPANY ALSO OFFERS SERVICES AND CAN BE REACHED AT 624-5700.

IN BALTIMORE COUNTY, SEVERAL AREA HOSPITALS PROVIDE MAMMOGRAM SERVICES, TO SCHEDULE AN APPOINTMENT, CALL GREATER BALTIMORE MEDICAL CENTER AT 828-3706; NORTHWEST HOSPITAL CENTER AT 521-2200; ST. AGNES HOSPITAL AT 368-3456. THE WOMEN'S CANCER PROTECTION PROGRAM ALSO PROVIDES SERVICES AND CAN BE REACHED AT 887-3432.

IN CARROLL COUNTY, THE HEALTH DEPARTMENT CAN ARRANGE MAMMOGRAM SERVICES FOR CLIENTS. TO SCHEDULE AN APPOINTMENT, CALL 876-4423.

IN HARFORD COUNTY, MAMMOGRAM SERVICES CAN BE ARRANGED THROUGH THE HEALTH DEPARTMENT BY CALLING 838-1500.

IN HOWARD COUNTY, THE HEALTH DEPARTMENT CAN ARRANGE FOR MAMMOGRAM SERVICES. CALL 313-7500 FOR MORE INFORMATION. (STOP)

TO RECEIVE A COMPLETE LIST OF FREE OR LOW COST MAMMOGRAM
SERVICES, PRESS 3 NOW.

END OF SCRIPT

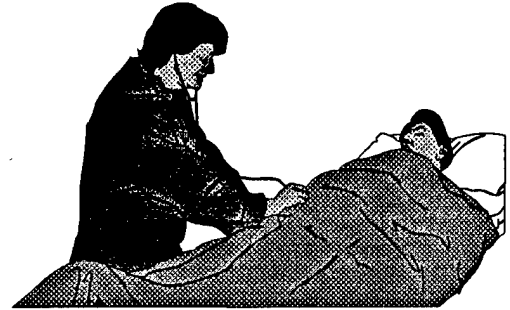
SOURCE:

A Mammogram Could Save Your Life, NIH
Mammograms: What You Should Know, Avon's Breast Cancer Awareness
Crusade

FREE OR LOW COST MAMMOGRAM SERVICES

● ANNE ARUNDEL COUNTY

Anne Arundel County Health Department
3 Harry S. Truman Parkway
Annapolis MD 21401
(410) 222-7023



Anne Arundel Medical System
Annapolis MD 21401
(410) 224-5770

North Arundel Hospital
Glen Burnie MD 21061
(410) 787-4370

● BALTIMORE CITY

Franklin Square Hospital
9000 Franklin Square Drive
Baltimore MD 21237
(410) 682-7406

Griffin Radiology Associates
Garwyn Medical Center
2300 Garrison Blvd., Ste. 150
Baltimore MD 21216
(410) 624-5700

Harbor Hospital Center
3001 S. Hanover Street
Baltimore MD 21225
(410) 347-3383

Johns Hopkins Breast Clinic
600 N. Wolfe Street
Baltimore MD 21287
(410) 955-4851

● **BALTIMORE CITY**

University of Maryland Hospital
22 S. Greene Street
Baltimore MD 21201
(410) 328-5196

● **BALTIMORE COUNTY**

Franklin Square Hospital
9000 Franklin Square Drive
Baltimore MD 21237
(410) 682-7406

Greater Baltimore Medical Center
6701 N. Charles Street
Baltimore MD 21204
(410) 828-3706

Northwest Hospital Center
5401 Old Court Road
Randallstown MD 21133
(410) 521-2200

St. Agnes Hospital
900 Caton Avenue
Baltimore MD 21229
(410) 368-3456

Women's Cancer Protection Program
Investment Building
1 Investment Place
Towson MD 21204
(410) 887-3432

● **CARROLL COUNTY**

Carroll County Health Department
Breast and Cervical Program
540 Washington Road
Westminster MD 21158
(410) 876-4423

●**HARFORD COUNTY**

Hartford County Health Department
Breast and Cervical Program
119 Hays Street
BelAir MD 21014-0797
(410) 838-1500

●**HOWARD COUNTY**

Howard County Health Department
Breast and Cervical Program
10630 Little Patuxent Parkway
Columbia MD 21044
(410) 313-7500

RECOVERY" PROGRAM, AND CANCER SUPPORT GROUPS IN YOUR AREA.

THIRD, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION HAS
INFORMATION ON BREAST HEALTH CARE AND BREAST CANCER.

CALL 1-800-I'M-AWARE TO REACH THE FOUNDATION'S HELPLINE. THAT'S 1-800-
462-9273.

AND LAST IS THE "Y-ME" NATIONAL BREAST CANCER ORGANIZATION WHICH
HAS A NATIONAL HOTLINE NUMBER, 1-800-221-2141. THAT'S 1-800-221-2141.

THE MARYLAND CHAPTER OF Y-ME IS LOCATED IN HAGERSTOWN AND THEIR
HOTLINE NUMBER IS 1-800-963-0101. THAT'S 1-800-963-0101. (STOP)

END OF SCRIPT

SOURCES:

American Cancer Society

Cancer Information Service

Susan G. Komen Breast Cancer Foundation

Y-Me National Breast Cancer Organization

CANCER INFORMATION PROJECT

SCRIPT # 11

DRAFT DATE: 3/29/95

EST. RECORDED TIME: 2.5 MINUTES.

VOICE: MALE

WHERE DO I GET MORE INFORMATION ABOUT BREAST CANCER?

THE TITLE OF THIS MESSAGE IS "WHERE DO I GET MORE INFORMATION ABOUT BREAST CANCER?"

THE INFORMATION IN THIS LIBRARY CAME FROM BOTH NATIONAL AND STATE CANCER ORGANIZATIONS. YOU MAY CALL THESE ORGANIZATIONS FOR MORE INFORMATION ABOUT BREAST CANCER. HAVE A PENCIL AND PAPER READY TO WRITE THE PHONE NUMBERS.

FIRST, THE NUMBER TO THE CANCER INFORMATION SERVICE OF MARYLAND AND THE DISTRICT OF COLUMBIA IS 1-800-4-CANCER. THAT'S 1-800-4-CANCER. THIS SERVICE HAS INFORMATION ON:

- THE LATEST BREAST CANCER TREATMENT OPTIONS,
- INFORMATION ON HOW TO FIND BREAST CANCER EARLY AND HOW TO LOWER YOUR RISK FOR BREAST CANCER,
- REFERRAL TO COMMUNITY CANCER SUPPORT GROUPS

SECOND, THE AMERICAN CANCER SOCIETY OF MARYLAND CAN BE REACHED BY CALLING 1-800-ACS-2345. THAT'S 1-800-ACS-2345. YOU WILL BE ABLE TO GET INFORMATION ABOUT NEW BREAST CANCER TREATMENTS, THE "REACH-TO-

RECOVERY" PROGRAM, AND CANCER SUPPORT GROUPS IN YOUR AREA.

THIRD, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION HAS INFORMATION ON BREAST HEALTH CARE AND BREAST CANCER.

CALL 1-800-I'M-AWARE TO REACH THE FOUNDATION'S HELPLINE. THAT'S 1-800-462-9273.

AND LAST IS THE "Y-ME" NATIONAL BREAST CANCER ORGANIZATION WHICH HAS A NATIONAL HOTLINE NUMBER, 1-800-221-2141. THAT'S 1-800-221-2141.

THE MARYLAND CHAPTER OF Y-ME IS LOCATED IN HAGERSTOWN AND THEIR HOTLINE NUMBER IS 1-800-963-0101. THAT'S 1-800-963-0101. (STOP)

END OF SCRIPT

SOURCES:

American Cancer Society

Cancer Information Service

Susan G. Komen Breast Cancer Foundation

Y-Me National Breast Cancer Organization

IF YOU WANT MORE INFORMATION ABOUT BREAST CANCER SURGERY, PRESS

1.

IF YOU WANT MORE INFORMATION ABOUT DRUG, RADIATION AND HORMONE
TREATMENT, PRESS 2. AND FOR INFORMATION ABOUT NEW RESEARCH AND
CLINICAL TRIALS, PRESS 3 AT THE END OF THIS MESSAGE.

END OF SCRIPT

SOURCE:

Cancer Treatments: Consider the Possibilities, NIH

CANCER INFORMATION PROJECT

SCRIPT # 12

DRAFT DATE: 3/29/95

EST. RECORDED TIME: 1.5 MINUTES

VOICE: MALE

HOW CAN BREAST CANCER BE TREATED?

THE TITLE OF THIS MESSAGE IS "HOW CAN BREAST CANCER BE TREATED?"

**MORE WOMEN ARE SURVIVING BREAST CANCER THAN EVER BEFORE.
THE REASON IS BETTER CANCER TREATMENT. TODAY, DOCTORS KNOW MORE
THAN EVER ABOUT HOW TO FIGHT CANCER.**

- SURGICAL TECHNIQUES HAVE IMPROVED.**
- NEW DRUGS ARE HELPING MANY PATIENTS.**
- RADIATION TREATMENT IS MORE EXACT.**
- NEW COMBINATIONS OF TREATMENTS ARE GIVING BETTER RESULTS.**

**BECAUSE OF THE PROGRESS IN BREAST CANCER TREATMENT, PATIENTS NOW
HAVE
MANY CHOICES ABOUT THEIR TREATMENT. FINDING OUT THAT YOU HAVE
BREAST CANCER MAY BE VERY DIFFICULT. BUT HAVING TREATMENT CHOICES
HELPS YOU FEEL IN CONTROL OF YOUR SITUATION. (STOP)**

--YOU AND YOUR FAMILY MAY WANT HELP IN ADJUSTING TO HOW THE
CHANGES IN YOUR BODY MAKE YOU FEEL. (STOP)

CALL MESSAGES 13, 14 AND 15 IN THIS LIBRARY FOR SUPPORT FOR YOU AND
YOUR FAMILY.

END OF SCRIPT

SOURCE:

Breast Cancer: Understanding Treatment Options, NIH
Mastectomy: A Treatment for Breast Cancer, NIH

BEFORE HAVING THE OPERATION, ASK YOUR DOCTOR:

--WHAT WILL HAPPEN DURING THE OPERATION?

--WHAT ARE THE RISKS AND SIDE-EFFECTS OF THE OPERATION?

--WHAT WILL I LOOK LIKE AFTER THE OPERATION?

--WILL I NEED PLASTIC SURGERY TO REFORM MY BREAST? AND WHAT
WILL THIS INVOLVE?

--HOW WILL I FEEL?

THOUGH BREAST SURGERY AND RECOVERY WILL CAUSE YOU TO TAKE
TIME OUT FROM YOUR NORMAL ROUTINE, IT NEED NOT CHANGE YOUR LIFE
NOW OR IN THE FUTURE.

AFTER BREAST SURGERY, THERE ARE MANY THINGS YOU CAN DO TO
FEEL BETTER.

--TAKE CARE OF YOURSELF BY GETTING LOTS OF REST.

--DO THE EXERCISES YOUR DOCTOR WILL GIVE YOU.

--CALL THE AMERICAN CANCER SOCIETY'S "REACH-TO-RECOVERY"

PROGRAM. A VOLUNTEER WHO HAS HAD BREAST SURGERY WILL VISIT
YOU AND TALK ABOUT HOW YOU MAY FEEL AFTER SURGERY, OR ANSWER
ANY QUESTIONS YOU MAY HAVE. THE NUMBER TO CALL IS 1-800-ACS-2345.

CANCER INFORMATION PROJECT

SCRIPT # 12 (BRANCH # 1)

EST. RECORDED TIME: 2.5 MINUTES

DRAFT DATE: 3/29/95

VOICE: MALE

BREAST CANCER SURGERY

THE TITLE OF THIS MESSAGE IS "BREAST CANCER SURGERY."

IF YOU HAVE BEEN DIAGNOSED WITH BREAST CANCER, YOUR DOCTOR MAY WANT A SURGEON TO REMOVE ALL OR PART OF THE BREAST WHERE THE CANCER IS.

MANY MORE TREATMENT OPTIONS ARE AVAILABLE TODAY FOR WOMEN, BUT SURGERY IS THE MOST COMMON TREATMENT FOR BREAST CANCER TODAY.

DEPENDING ON WHERE THE CANCER IS LOCATED AND THE TYPE, THE SURGEON MAY REMOVE JUST THE LUMP WHERE THE CANCER IS; THE LUMP, TISSUE AND GLANDS AROUND THE CANCER, THE BREAST ITSELF OR THE BREAST, THE CHEST MUSCLES AND GLANDS UNDER THE ARMS.

CANCER INFORMATION PROJECT

SCRIPT # 12 (BRANCH # 2)

DRAFT DATE: 3/29/95

ESTIMATED READING TIME; 2.25 MINUTES

VOICE: FEMALE

CHEMOTHERAPY, RADIATION TREATMENT AND HORMONE THERAPY

THE TITLE OF THIS MESSAGE IS, "CHEMOTHERAPY, RADIATION TREATMENT AND HORMONE THERAPY".

TODAY THERE ARE MANY WAYS TO TREAT BREAST CANCER SUCCESSFULLY. IT CAN BE TREATED WITH STRONG DRUGS CALLED CHEMOTHERAPY OR HORMONE THERAPY OR WITH RADIATION THERAPY.

IF YOUR DOCTOR WANTS YOU TO HAVE CHEMOTHERAPY, IT MEANS SOMETHING CAN BE DONE TO TRY AND CONTROL, OR EVEN CURE, YOUR CANCER. CHEMOTHERAPY IS THE USE OF DRUGS TO KILL CANCER CELLS. THE DRUGS GIVEN BY INJECTION INTO THE YOUR MUSCLE OR VEIN OR THEY MAY BE PILLS THAT YOU TAKE. YOU MAY TAKE CHEMOTHERAPY ONCE A DAY, ONCE A WEEK, OR EVEN ONCE A MONTH, DEPENDING ON THE TYPE OF CANCER YOU HAVE. EVERYONE'S CANCER IS DIFFERENT, SO YOU AND YOUR DOCTOR WILL DECIDE ON HOW AND WHEN YOU WILL TAKE CHEMOTHERAPY.

ANOTHER WAY TO TREAT BREAST CANCER IS WITH RADIATION THERAPY. RADIATION IS LIKE AN X-RAY ONLY STRONGER. IT HELPS KILL OR SHRINK CANCER CELLS IN THE BODY.

DOCTORS USE RADIATION BEFORE SURGERY TO REDUCE THE SIZE OF A TUMOR. AFTER SURGERY, RADIATION MAY BE USED TO STOP THE GROWTH OF ANY REMAINING CANCER CELLS IN THE BODY. IN SOME CASES, DOCTORS USE RADIATION WITH DRUGS TO KILL THE CANCER.

RADIATION TREATMENT CAN BE GIVEN IN TWO WAYS. FIRST, IS BY A MACHINE WHICH DIRECTS HIGH-ENERGY RAYS AT THE CANCER. THIS IS DONE AT A TREATMENT CENTER OR HOSPITAL AS AN OUTPATIENT. TREATMENT IS USUALLY GIVEN FOR SEVERAL WEEKS. THIS TREATMENT DOES NOT CAUSE YOUR BODY TO BECOME RADIOACTIVE. THE SECOND WAY RADIATION IS GIVEN IS BY PLACING THE HIGH-ENERGY MATERIALS IN A CONTAINER PLACED ON OR UNDER THE SKIN WHERE THE CANCER IS LOCATED. THIS IS DONE DURING A HOSPITAL STAY.

HORMONE THERAPY IS THE USE OF DRUGS TO KEEP CANCER CELLS FROM GETTING THE HORMONES THEY NEED TO GROW. LIKE CHEMOTHERAPY, HORMONE THERAPY CAN ACT ON CELLS ALL OVER THE BODY.

MOST PEOPLE CAN LIVE THEIR LIFE AS THEY ALWAYS HAVE WHILE
HAVING TREATMENT. THEY CAN WORK, EXERCISE AND EAT REGULAR MEALS.
IF YOU HAVE ANY QUESTIONS ABOUT WHAT YOU CAN OR CANNOT DO,
ASK YOUR DOCTOR.

FOR MORE INFORMATION ABOUT CHEMOTHERAPY, CALL THE AMERICAN
CANCER SOCIETY AT 1-800-ACS-2345 AND ASK FOR THE BOOKLET CALLED,
"CHEMOTHERAPY: WHAT IT IS, HOW IT HELPS".

FOR MORE INFORMATION ABOUT RADIATION TREATMENT, CALL THE CANCER
INFORMATION SERVICE AT 1-800-4-CANCER AND ASK FOR A BOOKLET CALLED,
"RADIATION THERAPY AND YOU".

END OF SCRIPT

.Chemotherapy: What It Is, How It Helps, ACS

.Radiation Therapy and You: A Guide to Self-Help During Treatment, NIH

CANCER INFORMATION PROJECT

SCRIPT # 12 (BRANCH # 3)

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 1.25 MINUTES

VOICE: MALE

MEDICAL FRONTIERS - NEW RESEARCH

THE TITLE OF THIS MESSAGE IS, "MEDICAL FRONTIERS - NEW RESEARCH."

SCIENTISTS AT MEDICAL CENTERS AND HOSPITALS ALL ACROSS THE COUNTRY ARE STUDYING BREAST CANCER. THEY ARE TRYING TO LEARN MORE ABOUT WHAT CAUSES THIS DISEASE AND HOW TO PREVENT IT. THEY ARE ALSO LOOKING FOR BETTER WAYS TO DIAGNOSE AND TREAT IT.

WHAT ARE SOME OF THESE IDEAS THAT ARE BEING STUDIED?

WELL, FOR EXAMPLE, RESEARCHERS ARE LOOKING VERY CLOSELY AT THE FACTORS THAT PUT A WOMAN AT RISK FOR BREAST CANCER, AND THEY ARE STUDYING A DRUG CALLED TAMOXIFEN, WHICH IS OFTEN USED TO TREAT BREAST CANCER, TO SEE IF IT CAN HELP PREVENT IT.

SOME OF THE OTHER NEW IDEAS INCLUDE:

-- LOOKING FOR WAYS TO MAKE MAMMOGRAMS MORE ACCURATE

-- STUDYING SUBSTANCES THAT MAY BE IN THE BLOOD OR URINE OF A WOMAN WHO HAS BREAST CANCER

-- TESTING NEW DRUGS, NEW DOSES AND TREATMENT SCHEDULES, AND NEW
WAYS OF COMBINING TREATMENTS

-- EXPLORING WAYS OF USING THE BODY'S OWN NATURAL DEFENSE SYSTEM
TO ATTACK THE CANCER CELLS; AND

-- LEARNING HOW TO REDUCE THE SIDE EFFECTS OF TREATMENT AND
IMPROVE THE QUALITY OF PATIENT'S LIVES

EVERY DAY, SCIENTISTS ARE MAKING PROGRESS IN FINDING BETTER WAYS
TO DETECT AND TREAT BREAST CANCER AND THE CHANCES OF RECOVERY
KEEP IMPROVING.

IF YOU ARE INTERESTED IN TAKING PART IN A RESEARCH STUDY, CALLED
A CLINICAL TRIAL, PLEASE DISCUSS THIS OPTION WITH YOUR DOCTOR. FOR
MORE INFORMATION ABOUT CLINICAL TRIALS, CALL THE CANCER
INFORMATION SERVICE AT 1-800-4-CANCER AND ASK FOR A BOOKLET CALLED,
"WHAT ARE CLINICAL TRIALS ALL ABOUT?"

END OF SCRIPT

SOURCE:

- .What Are Clinical Trials All About? NIH
- .Questions and Answers About Tamoxifen, NIH
- .What You Need to Know About Breast Cancer, NIH

CANCER INFORMATION PROJECT

SCRIPT #: 13

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 1.25 MINUTES

VOICE: FEMALE

THERE IS LIFE AFTER BREAST CANCER

THE TITLE OF THIS MESSAGE IS, " THERE IS LIFE AFTER BREAST CANCER."

THERE IS LIFE AFTER ANY KIND OF BREAST CANCER. EVEN IF YOU HAVE JUST BEEN DIAGNOSED WITH BREAST CANCER OR IF YOU ARE UNDERGOING TREATMENT FOR IT, IF YOU HAVE BREAST CANCER OR SOMEONE CLOSE TO YOU DOES, YOU'LL FIND THAT IT IS ALL THE MORE IMPORTANT TO CONTINUE LIFE WITH A POSITIVE OUTLOOK.

LIFE DOESN'T STOP BECAUSE CANCER ENTERS IN TO IT. LIVING BECOMES A **MUST** IN THE PROCESS OF OVERCOMING CANCER.

HERE ARE SOME HELPFUL HINTS TO MAKE LIFE MORE LIVABLE WHEN FACING BREAST CANCER: JOIN A SUPPORT GROUP. THERE ARE MANY SUPPORT GROUPS AVAILABLE THAT HELP BREAST CANCER PATIENTS AND THEIR FAMILIES DEAL WITH PROBLEMS AND EMOTIONS THAT NEED TO BE EXPRESSED.

BE EXPRESSIVE. RELEASE WHATEVER EMOTIONS YOU MIGHT HAVE WITH YOURSELF AND YOUR FAMILY. ALL EMOTIONS ARE EXPECTED AND NORMAL.

CONTINUE TO WORK. YOUR WORK CAN BE USED AS SOMETHING TO KEEP YOUR MIND FOCUSED ON OTHER THINGS, BESIDES YOUR MEDICAL CHALLENGES.

THERE IS ANOTHER IMPORTANT FACT TO REMEMBER: YOU CAN STILL HAVE A HEALTHY SEX LIFE. THERE ARE MANY SUPPORT GROUPS THAT HELP AND ENCOURAGE WOMEN TO CONTINUE TO FEEL CONFIDENT IN THEIR SEXUALITY. SO BE HOPEFUL, NOT HOPELESS, AND BE FEARLESS, NOT FEARFUL BECAUSE YOU CAN SURVIVE.

JUANITA IS A 18 YEAR BREAST CANCER SURVIVOR, WHO HAS HAD CANCER 3 TIMES. SHE LIVES A FULL AND ACTIVE LIFE. SHE WORKS AND IS INVOLVED IN many COMMUNITY ACTIVITIES INCLUDING EFFORTS TO START A SUPPORT GROUP FOR BREAST CANCER SURVIVORS. INSTEAD SHE IS A LIVING TESTAMENT TO THE FACT THAT THERE IS LIFE AFTER BREAST CANCER. SHE IS THE EPITOME OF POSITIVE THINKING AND YOU CAN BE TOO. SHE HAS BEEN IN REMISSION FOR 13 YEARS AND STILL THINKS LIFE IS WONDERFUL.

WHATEVER YOUR WORRY OR CONCERN MAY BE, LIFE WILL CONTINUE TO GO ON. CHOOSING TO PARTICIPATE IN IT COULD BE THE SAVING GRACE YOU'VE BEEN LOOKING FOR. BREAST CANCER IS JUST LIKE ANY OTHER OBSTACLE. WE MUST DEAL WITH IT FROM DAY TO DAY AND MOVE ON. LIFE AWAITS. **(STOP)**

FOR MORE INFORMATION ABOUT SUPPORT GROUPS IN YOUR AREA, CALL MESSAGE 14 IN THIS LIBRARY.

END OF SCRIPT

SOURCES:

1. UNDERSTANDING BREAST CANCER RISK
2. THE RACE IS RUN ONE STEP AT A TIME
3. FACING FORWARD: A GUIDE FOR CANCER SURVIVORS

CANCER INFORMATION PROJECT

SCRIPT # 14

DRAFT DATE: 3/29/95

EST. RECORDED TIME: 3 MINUTES

VOICE: FEMALE

COMMUNITY BULLETIN BOARD

THE TITLE OF THIS MESSAGE IS "COMMUNITY BULLETIN BOARD".

IF YOU, A FAMILY MEMBER, OR FRIEND HAVE BEEN DIAGNOSED WITH BREAST CANCER, YOU ARE NOT ALONE. THERE ARE MANY FREE SUPPORT GROUPS AND EDUCATION PROGRAMS AVAILABLE IN YOUR COMMUNITY.

A LISTING OF AREA SUPPORT GROUPS IN BALTIMORE CITY, ANNE ARUNDEL, BALTIMORE, CARROLL, HARFORD AND HOWARD COUNTIES WILL FOLLOW.

HAVE PEN AND PAPER READY TO WRITE DOWN THE SUPPORT GROUPS IN YOUR AREA.

IN ANNE ARUNDEL COUNTY, THE AMERICAN CANCER SOCIETY SPONSORS A GROUP WHICH MEETS AT NORTH ARUNDEL HOSPITAL IN GLEN BURNIE ON THE SECOND TUESDAY OF EACH MONTH FROM 7:30 TO 8:30 PM. CALL (410) 721-4304 FOR MORE INFORMATION.

THE CANCER RESOURCE AND SUPPORT CENTER IN PASADENA HAS BOTH A BREAST CANCER SURVIVOR'S SERIES WHICH MEETS THE SECOND MONDAY OF EACH MONTH FROM 7:00 TO 8:30 PM AND A BREAST CANCER SUPPORT GROUP MEETS THE FOURTH MONDAY OF THE MONTH FROM 7:00 TO 8:30 PM. FOR MORE INFORMATION, CALL (410) 760-CARE.

IN BALTIMORE CITY AND BALTIMORE COUNTY, THERE ARE THREE SUPPORT GROUPS.

ARM-IN-ARM MEETS AT DIFFERENT AREA HOSPITALS IN BALTIMORE. FOR THE LOCATIONS AND TIMES OF THEIR MEETINGS, CALL (410) 494-0083.

SISTERS SURVIVING MEETS AT LIBERTY MEDICAL CENTER IN BALTIMORE ON THE SECOND TUESDAY OF EACH MONTH FROM 6:00 TO 8:00 PM.
CALL (410) 566-5000 FOR DETAILS.

THE WELLNESS COMMUNITY OF BALTIMORE HAS A BREAST CANCER NETWORKING GROUP WHICH MEETS AT THE CENTER. THE CENTER IS OPEN MONDAY THROUGH FRIDAY FROM 9:00 AM TO 5:00 PM AND SOME EVENINGS. CALL (410) 832-2719 FOR MORE INFORMATION.

IN CARROLL AND HOWARD COUNTIES, CALL THE AMERICAN CANCER SOCIETY AT (410) 795-8199 FOR LOCATIONS OF SUPPORT GROUP MEETINGS.

IN HARFORD COUNTY THE YWCA'S ENCORE PLUS PROGRAM MEETS THE FIRST TUESDAY OF THE MONTH AT THE UNITED METHODIST CHURCH IN BELAIR. CALL (410) 893-2561 FOR MORE INFORMATION.

THIS COMPLETES THE COMMUNITY BULLETIN BOARD. (STOP)

PRESS 1 NOW TO RECEIVE A COMPLETE LIST OF SUPPORT GROUPS.

END OF SCRIPT

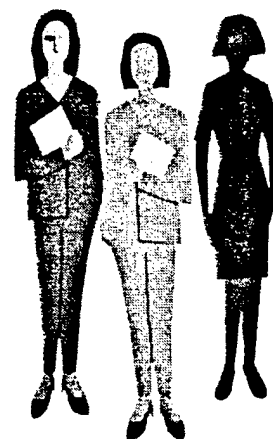
SOURCES:

CIS

ASC



BREAST CANCER SUPPORT GROUPS



•ANNE ARUNDEL COUNTY

**American Cancer Society
(410) 721-4304**

**Breast Cancer Sharing Group
North Arundel Hospital
301 Hospital Drive
6th Floor
Glen Burnie MD 21061
Second Tuesday of the month, 7:30 - 8:30 PM**

**Breast Cancer Support Group
Anne Arundel Medical System
Oncology Center
140 Jennifer Road
Annapolis MD 21401
Second and Fourth Wednesday of the month, 7:30 - 8:00 PM**

**Cancer Resource and Support Center (CARES)
8055 Ritchie Highway
Suite 101
Patriot's Plaza
Pasadena MD 21122
(410) 760-CARE**

**Breast Cancer Survivors Series
Second Monday of the month, 7:00 - 8:30 PM**

**Breast Cancer Support Group
Fourth Monday of the month, 7:30 - 9:00 PM**

•BALTIMORE CITY AND COUNTY

**Arm-in-Arm
(410) 494-0083**

**Greater Baltimore Medical Center
Women's Resource Center
6569 N. Charles Street
(410) 828-3301
Second Tuesdays and Third Wednesdays, 7:00 PM
First Tuesday of the month, 7:00 PM (Advanced Stage)**

**Johns Hopkins Hospital
Hackerman Patz House
1909 McElderberry Street
Second Monday of the month, 12:00 noon.**

**St. Agnes Hospital Cancer Center
Waiting/Reception Area
(410) 368-2962
Fourth Thursday of the month, 7:00 PM**

**Sinai Hospital
Weinberg Bldg., Room 206
(410) 578-5640
First Monday of the month, 7:00 PM**

**Sisters Surviving
Liberty Medical Center
West Bldg.
2600 Liberty Heights Avenue
(410) 566-5000
Second Tuesday of the month, 6:00 - 8:00 PM**

**The Wellness Community of Baltimore
901 Delaney Valley Road
Suite 710
Baltimore MD 21204
(410) 832-2719
Breast Cancer Networking Group
Center Hours: Monday - Friday
9:00 AM - 5:00 PM and some evenings**

•CARROLL COUNTY

Wings (General Cancer)
95 Carroll Street
Westminster MD 21157
Contact: Susan Hannon
(410) 857-1838

•HARFORD COUNTY

YWCA
Encore Plus Program
United Methodist Church
21 Linwood Avenue
Bel Air MD
(410) 838-5181
First Tuesday of the month, 7:30 PM

•HOWARD COUNTY

Breast Cancer Support Group
Contact: Nancy Wintworth
(410) 730-5372
Meets once a month in different locations

CANCER INFORMATION PROJECT

SCRIPT #: 15

DRAFT DATE: 3/29/95

EST. RECORDING TIME: 1.5 MINUTES

VOICE: FEMALE

HOW SHOULD I SUPPORT A FRIEND OR RELATIVE WITH BREAST CANCER?

THE TITLE OF THIS MESSAGE IS, "HOW SHOULD I SUPPORT A FRIEND OR RELATIVE WITH BREAST CANCER?"

BREAST CANCER IS A VERY COMMON DISEASE IN TODAY'S SOCIETY, AND YET PEOPLE OFTEN FIND IT VERY HARD TO TALK ABOUT IT WITH THEIR RELATIVES AND FRIENDS. IF YOUR LOVED ONE HAS BEEN DIAGNOSED WITH BREAST CANCER, REMEMBER, THIS IS THE TIME THEY NEED YOU THE MOST.

BREAST CANCER IS A DIFFICULT EXPERIENCE FOR THE PERSON WHO HAS IT AND FOR THE PEOPLE WHO CARE ABOUT THEM.

WHAT CAN YOU DO TO SUPPORT A RELATIVE OR FRIEND WITH BREAST CANCER? WELL, THERE ARE A LOT OF THINGS YOU CAN DO.

-- FIRST OF ALL, LEARN ALL YOU CAN ABOUT BREAST CANCER. THE MORE YOU KNOW, THE BETTER YOU CAN UNDERSTAND WHAT THEY'RE GOING THROUGH.

-- LET THEM TAKE THE LEAD. IF THEY WANT TO TALK, BE A GOOD LISTENER.

-- WOMEN WITH BREAST CANCER DO NOT ALWAYS WANT TO THINK OR TALK ABOUT THEIR DISEASE, SO, TALK ABOUT THE THINGS YOU ALWAYS TALK ABOUT.

--REMEMBER, WHEN WORDS FAIL, TOUCHING, SMILING, AND LOOKS THAT CONVEY AFFECTION, SHOW OTHERS THAT EVEN THOUGH THEY ARE ILL, THEY HAVE NOT CHANGED IN YOUR EYES.

-- TRY TO INVOLVE YOUR RELATIVE OR FRIEND IN AS MANY SHARED ACTIVITIES AS POSSIBLE. IF YOU USED TO PLAY CARDS -- PLAY CARDS NOW! CONTINUE TO VISIT AND CONTINUE TO INVITE YOUR LOVED ONE TO DO THINGS WITH YOU AND OTHERS.

SOMETIMES, YOU AND YOUR LOVED ONE MAY FIND IT HELPFUL TO GET SUPPORT FROM OTHERS. THERE ARE MANY SOURCES OF SUPPORT FOR PEOPLE FACING CANCER. THESE INCLUDE THE AMERICAN CANCER SOCIETY, THE CANCER INFORMATION SERVICE, THE HOSPITAL SOCIAL WORKER OR YOUR MINISTER. EVERYONE, NO MATTER HOW EMOTIONALLY STRONG, CAN ALWAYS BENEFIT FROM SUPPORT.

FINALLY, THE MOST IMPORTANT THING TO REMEMBER WHEN TRYING TO HELP A LOVED ONE COPE WITH BREAST CANCER, IS TO BE YOURSELF AND TRY NOT TO WORRY ABOUT WHETHER YOU ARE DOING THINGS "RIGHT".

END OF SCRIPT

SOURCE:

1. EVERY WOMAN'S GUIDE TO BREAST CANCER, PP. 149-151

**APPENDIX M: BIBLIOGRAPHY OF PUBLICATIONS AND MEETING
ABSTRACTS**

BIBLIOGRAPHY OF PUBLICATIONS AND MEETING ABSTRACTS

Pending References:

1. De Angelo, M., Blackshear, P., and Curbow, B. (1997), "TARGETING UNDERSERVED POPULATIONS THROUGH INTEGRATED GIS AND AUDIOTEX TECHNOLOGIES: Innovative New Approach Pinpoints Hard-to-Reach Populations and Fosters Preventive and Proactive Health Care Actions".

Meeting Abstracts:

1. Blackshear, Leonard A. (1997), "ENCOURAGING PREVENTIVE CARE ACTIONS IN HARD-TO-REACH POPULATIONS THROUGH AUTOMATED TELEPHONE TECHNOLOGY," U.S. Army Medical Research and Materiel Command - Breast Cancer Research Program: An Era of Hope, Oct./Nov., Extended Abstract.
2. Blackshear, Leonard A. (1997), "ENCOURAGING PREVENTIVE CARE ACTIONS IN HARD-TO-REACH POPULATIONS THROUGH AUTOMATED TELEPHONE TECHNOLOGY," U.S. Army Medical Research and Materiel Command - Breast Cancer Research Program: An Era of Hope, Oct./Nov., Lay/Public Abstract.

APPENDIX N: LIST OF PAID PROJECT PERSONNEL

PAID PROJECT PERSONNEL

1. Leonard A. Blackshear, Principal Investigator
2. Patsy B. Blackshear, Project Director
3. Judith A. Cabral, Project Staff
4. Mary B. De Angelo, Project Staff
5. Christina Clark, Technical Staff
6. Carmen Swann, Technical Staff
7. Craig Gladu, Technical Staff
8. Carol Katz, Technical Staff
9. Elizabeth Escobar, Technical/Administrative Staff
10. Toni Shumate, Project Staff
11. Deborah Hanson Harris, Project Staff
12. Carolyn Graves, Administrative/Project Staff
13. Daphanee Lewis, Administrative/Project Staff
14. Wynel O'Neal, Administrative Staff
15. Barbara Curbow, Health Communications Consultant
16. Barbara Crawley, Statistical Analysis Consultant

APPENDIX O: RESEARCH DEFINITIONS

Definitions Statement

Update: October 18, 1995

Purpose: Research on the Army Health Project has pointed up the need to clarify and better define terms used. As such, this glossary is a guide to provide common meaning to terminology used for Army Health and other active projects.

Glossary

Informationally Hard-to-Reach (I H-T-R):

Populations not currently being reached well by traditional information dissemination and outreach media methods including live health calltaker telephone systems. Sources: Staff meeting on 9/27/94 and updates.

I H-T-R Barriers:

Impediments which prevent information from reaching target populations.

- **distribution barriers** - situations where the target population has no access to receivers for media distribution mediums, eg.. no modem, computer, radio, mailbox, or phone (or no DTMF touchtone on phone).
- **reception barriers** - situations where the target population has limited ability to receive information because of such things as poor language skills, illiteracy, physical or mental disability, etc.

Behavior Response Levels:

The extent to which a target population participant is prompted to act based on the provided media stimulus. In the case of Army Health the stimulus was a promotional direct mail card sent to target persons. Three behavior response levels are defined.

- **Behavior Response Level 1:** The person responds to the distribution medium. In Army Health, the participants makes a phone call as a result of receiving the direct mail piece.
- **Behavior Response Level 2:** The caller moves beyond an introduction to get involved with the information program. In Army Health, it means moving beyond the main menu on the automated system and engaging or seeking to engage a live counselor.

- Behavior Response Level 3: The caller has taken a health maintenance or healthcare action following receipt of the information. In Army Health this action will be discerned by calling volunteer respondents 60 to 120 days after using the information resource.

Socio Economic Status (SES):

Social and income status of participants in various study strategies

- Lower and moderate SES (LM): In Army Health this refers to lower to moderate income households which are in the lower two of the five U.S. census income quintiles.
- Middle and Upper SES (MU): In Army Health this refers to middle and upper income households which are in the upper three of the five U.S. census income quintiles.

Cultural I H-T-R:

Groups whose cultural belief systems and actions reduce the impact of traditional marketing and outreach channels for a subject body of information.

Minority Community:

A subset of cultural I H-T-R which includes traditional minorities (African Americans, Hispanic Americans, Native Americans, Asian Americans and Pacific Islanders).

- The minority community is a presumptive I H-T-R Group.
- The African American community is a presumptively I H-T-R subset of the minority community.

Body of Information:

A coherent, interrelated grouping of information as perceived by traditional users of that information (eg., about baseball, about business start-up, about health maintenance, about preventing breast cancer)

Audiotex (information-on-demand):

Telephone audio libraries accessible by a plain old telephone.

FAX Retrieval (FAX-information on-demand):

FAX transmission generated by automated telephone system and retrieved by caller.

TTY:

Adaptation of voice processing technology (teletypewriter) to implement two-way communication between voice processing system and telecommunications devices for the deaf (TDD's) which are transmitted via Baudot TTY signals.

Automated Attendance System:

Automated telephone answering and call transfer system (like a receptionist)

Voice Processing System:

Computer base telecommunications technology that digitizes voice sounds so they can be recorded, stored, manipulated and retrieved. The major applications of the system are:

- automated attendant
- voice mail
- audiotex (audio information-on-demand)
- interactive voice processing
- outbound dialing
- transaction processing

Note: On newer systems, most of these applications also have a similar FAX function which can be integrated into the system.

Grunt Detect:

Sound activated capability of voice processing system to provide caller limited switching capability.

Premium (for using voice or automated system):

Coupon for discounted service or product redeemable by caller which can be sent to caller by FAX or mail.

Caller (or System Caller):

Individual who calls the system. (Behavior Response. Level 1)

Dial "1" Callers:

Callers using a touchtone phone to access the systems who responds that they have touchtone service by pressing "1" when instructed.

Active Callers for the Automated System:

Callers who select any of the touchtone options at the Main Menu. (Behavior Response, Level 2) **Note: Rotary callers are not considered active callers.**

Active Callers for Live System:

Callers who listen to the Welcome message and press "1" if a touchtone phone user or stay on the line to be transferred to the live counselor. (Behavior Response, Level 2)

Note: Rotary callers are considered active callers if they stay on the line.

Dial Out Caller:

Any caller who selects to be transferred to a number external to the audiotex system; e.g. Army Health - caller is transferred from the system to live counselor at Cancer Information Service or American Cancer Society.

Rural Tourism - caller is transferred from the system to County Visitors' Bureaus.

TeleBox:

A distinct numbered box designated on the call flow for a specific audiotex system application function.

Prompt:

Recorded instruction to the caller on how to use the system, usually brief.

Message:

Any communication written or oral sent between persons or available on demand from an online system. Messages are either static (unchanging) for dynamic (changing regularly).

Topic:

A subject for discussion. In Army Health it's the same as a message.

Category:

A class or division of information. In Army Health it's a grouping of multiple messages under a common theme.

SES : Social Economic Status

BHIP : Breast Health Information Project

1990 U.S. Census Quintiles

	<u>lower limit</u>	<u>upper limit</u>
1st quintile	\$0	\$12,499
2nd quintile	12,500	23,661
3rd quintile	23,662	36,199
4th quintile	36,200	55,204
5th quintile	55,205	or more

BHIP lower to moderate income range

\$0 to \$24,999

BHIP middle to upper income range

\$25,000 or more